# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| A                       | For the 2     | 2019 calend    | dar year, or tax year beginning July 1 , 2019, and ending  | June                          | 30                    | , 20 20  |
|-------------------------|---------------|----------------|--|-------------------------------|-----------------------|--|
| В                       | Check if a    | pplicable:     | C Name of organization NMMI Foundation, Inc.   | 114.00                        | D Emple               | oyer identification number   |
|                         | Address c     | hange          | Doing business as  |                               |                       | 85-6010718   |
|                         | Name cha      | inge           | Number and street (or P.O. box if mall is not delivered to street address)   | com/suite                     | E Telepi              | none number  |
|                         | Initial retur | m              | 101 W. College Blvd.   |                               |                       | (575)624-8035  |
| $\overline{\sqcap}$     | Final return  | n/terminated   | City or town, state or province, country, and ZIP or foreign postal code   |                               |                       | (070/027 0000  |
| Ħ.                      | Amended       |                |  | G Gross                       | receipts \$ 7,640,680 |  |
| $\Box$                  | Applicatio    |                | Roswell, NM 88201 F Name and address of principal officer: Jimmy Barnes, President & CEO   | H(a) is this a gro            |                       | or subordinates? Yes No  |
| _                       |               | perioning      | James State Control of the Control o |                               | •                     | es included? Yes No  |
| ī                       | Tax-exem      | pt status:     | ✓ 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1) or 527  | -                             |                       | st. (see instructions)   |
| J                       |               |                | nmi.edu/foundation   | H(c) Group ex                 |                       | · ·  |
|                         |               |                | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format   |                               |                       |  |
|                         | art I         | Summa          |  | tion: 1945                    | M State               | of legal domicile: NM  |
|                         | -             |                | ·  | nion of the SIRI              | Al Farm               | -d-4: 6  |
| m                       |               |                | cribe the organization's mission or most significant activities: The mis   |                               |                       |  |
| Activities & Governance |               |                | n) is to create, maintain and administer an endowment fund for the benefi  |                               |                       |  |
| Ë                       |               |                | for research, scientific and literary purposes; and to promote generally th  |                               |                       |  |
| ě                       |               |                | box ▶ ☐ if the organization discontinued its operations or disposed  | of more than 2                | 25% of                | its net assets.  |
| ĕ                       |               |                |  |                               | 3                     | 13   |
| oğ<br>O                 |               |                | independent voting members of the governing body (Part VI, line 1b)  |                               | 4                     | 12   |
| .€                      | 1.0           |                | per of individuals employed in calendar year 2019 (Part V, line 2a)  |                               | 5                     | 2  |
| ş                       |               |                | per of volunteers (estimate if necessary)  |                               | 6                     | 0  |
| ¥                       | 7a 7          | Total unrel    | ated business revenue from Part VIII, column (C), line 12  |                               | 7a                    | 0  |
| _                       | b t           | Vet unrela     | ted business taxable income from Form 990-T, line 39   |                               | 7b                    | 0  |
|                         |               |                |  | Prior Year                    | on carrier            | Current Year   |
| ø                       | 8 (           | Contributio    | ons and grants (Part VIII, line 1h)  | 2,7                           | 00,853                | 1,389,775  |
| Revenue                 | 9 F           | orogram s      | ervice revenue (Part VIII, line 2g)  | 3,200                         | 3,285                 |  |
| Š                       | ,             | -              | t income (Part VIII, column (A), lines 3, 4, and 7d)   | 2.7                           | 31,578                |  |
| Œ                       |               |                | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                               | 64,586                |  |
|                         |               |                | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                               | 00,217                | 2,964,790  |
|                         |               |                | d similar amounts paid (Part IX, column (A), lines 1-3)  |                               | 85,416                |  |
|                         |               |                | aid to or for members (Part IX, column (A), line 4)  | 1,0                           | 00,410                | 1,033,407  |
| "                       |               |                | ther compensation, employee benefits (Part IX, column (A), lines 5–10)   | •                             | 217,727               | 220 772  |
| Expenses                |               |                | al fundraising fees (Part IX, column (A), line 11e)  |                               |                       | 229,772  |
| 듗                       |               |                |  |                               | 0                     | I VANCORNAL VICTORIA DE CONTRA   |
| 盔                       |               |                | raising expenses (Part IX, column (D), line 25) ►  | Constitution and Indian and A | NEWS PROPERTY.        | CONTRACTOR OF THE PROPERTY OF THE PARTY OF T |
|                         | 1             |                |  |                               | 99,784                | 286,407  |
|                         | ı             |                | nses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |                               | 02,927                | 2,149,666  |
| - 47                    |               | revenue ie     | ess expenses. Subtract line 18 from line 12  |                               | 397,290               |  |
| sets or<br>alances      |               | F. 4 . 1       |  | Beginning of Curre            |                       | End of Year  |
| Bala                    | 20 ]          |                | ts (Part X, line 16)   | 64,3                          | 313,896               | 65,561,639   |
| Net Ass<br>Fund Ba      | 21 ]          |                | ities (Part X, line 26)  |                               | 312,153               | 683,778  |
|                         |               |                | or fund balances. Subtract line 21 from line 20  | 63,5                          | 01,743                | 64,877,861   |
|                         | art II        |                | re Block   |                               |                       |  |
| Un                      | der penalti   | ies of perjury | , I declare that I have examined this return, including accompanying schedules and state   | ments, and to the             | best of r             | ny knowledge and belief, it is   |
|                         | a, contact,   | and complet    | e. Declaration of preparer (other than officer) is based on all information of which prepare   | r nas any knowled             | ge.                   |  |
| ٠.                      |               |                | for some   |                               | 71//                  | 1/2020   |
| Sig                     |               | Signat         | ure of officer   | Date                          |                       |  |
| He                      | re            |                | JIMMY BARNES, PREVIDENT É  | <u>C€0</u>                    |                       |  |
|                         |               | Type o         | r print name and title   |                               |                       |  |
| Pa                      | id            | Print/Type     | preparer's name Preparer's signature Di  | ate                           | Check [               | if PTIN  |
|                         | eparer        |                |  |                               | self-em               | ployed   |
|                         | -             | I C:           | me ►   | Firm's                        | EIN ►                 | •  |
| US                      | e Only        | Firm's add     |  | Phone                         |                       |  |
| Ma                      | y the IRS     |                | this return with the preparer shown above? (see instructions)  | 1                             |                       | Yes 🗸 No   |
| _                       |               |                |  | No. 11282Y                    |                       | Form <b>990</b> (2019)   |

|      | Fage ≥   |
|------|--|
| Part | Observative Order and the Orde |
| 1    | Check it Schedule O contains a response or note to any line in this Part III   |
| '    | ·  |
|      | Create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) to be used for research, scientific and literary purposes; for increasing the building, equipment and other facilities of NMMI; to   |
|      | provide for scholarships; and to promote generally the growth, welfare, and maintenance of NMMI  |
|      | Provide to seriols of the district and the district and maintenance of them.   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   |
|      | prior Form 990 or 990-EZ?  |
|      | If "Yes," describe these new services on Schedule O.   |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program   |
|      | services?  |
|      | If "Yes," describe these changes on Schedule O.  |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by   |
|      | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,   |
|      | the total expenses, and revenue, if any, for each program service reported.  |
| 4a   | (Code: ) (Expenses \$ 868,047 including grants of \$ 868,047) (Revenue \$ 0)   |
| 79   | (Code: ) (Expenses \$ 868,047 including grants of \$ 868,047) (Revenue \$ 0)  The NMMI Foundation maintains over 100 endowed scholarship funds and over 25 annual donor scholarship funds for  |
|      | the benefit of NMMI cadets. Earnings from the endowments and annual donations are paid directly to NMMI to provide   |
|      | scholarships to NMMI cadets at the high school and junior college level. The scholarships have varying criteria specified  |
|      | by the donors; for example scholarships may include merit-based and/or need-based requirements. NMMI has established a   |
|      | Scholarship Committee that facilitates the fair and impartial granting of all scholarships in accordance with NMMI   |
|      | policies and procedures and donor stipulations.  |
|      | NMMI estimates that nearly 98% of cadets in the junior college program receive some form of financial assistance,  |
|      | which includes scholarship funding. Nearly 85% of the high school cadets receive some scholarship assistance.  |
|      | NMMI's maximum capacity is about 1,000 cadets. 398 cadets received scholarships from Foundation provided funds in  |
|      | the 2019-2020 school year. It is estimated that 350 cadets will receive scholarships during the 2020-2021 school year.   |
|      |  |
| 40:  |  |
| 4b   | (Code:) (Expenses \$ 247,270 including grants of \$ 247,270) (Revenue \$ 0)  |
|      | The NMMI Foundation maintains approximately 20 endowments whereby earnings are used to fund NMMI Leadership  |
|      | Reaction Course programs, Low/High Ropes Course facilities and general Leadership projects and activities. The<br>Daniels Leadership Center (DLC) serves generally over 900 cadets each year through use of state of the art technologies  |
|      | and classrooms. Programs and services are provided to internal and external constituencies and include the   |
|      | Low/High Ropes Course and the Leadership Reaction Course which provide leadership challenges and growth  |
|      | to both cadets and professionals. These facilities help build self confidence, trust and teamwork in challenges that teach,  |
|      | test and reinforce sound leadership practices. These facilities are used to train generally over 900 cadets annually with over   |
|      | 600 cadets using the facilities multiple times throughout the school year. Over 100 participants from the community  |
|      | and over 500 youth throughout the state use the facilities annually.   |
|      |  |
|      |  |
|      | (Oada ) / (Carana A ana ana i da ii da ana ana i da ii da ana ana ana ana ana ana ana ana ana  |
| 4c   | (Code: ) (Expenses \$ 156,950 including grants of \$ 156,950) (Revenue \$ 0)   |
|      | The NMMI Foundation maintains more than ten endowments whereby earnings are used, along with other designated annual donor   |
|      | contributions, to provide support for certain NMMI academic programs. Expenditures from these programs include support for faculty and cadets. Support for faculty members includes funds for conference attendance, training programs, academic   |
|      | excellence stipends, professional development and related travel and lodging. Support for cadets includes funds for ACT  |
|      | programs, audio books, periodicals, films on demand, library books, college fairs, humanities projects and lyceum programs.  |
|      | Programmy and a product of the state of the  |
|      | Other uses of funds include faculty enhancement support for employees of the learning resource center, purchase of library   |
|      | equipment and entrepreneurial projects support.  |
|      |  |
|      |  |
|      | ***************************************  |
|      |  |
| 4d   | Other program services (Describe on Schedule O.)   |
|      | (Expenses \$ 535,544 including grants of \$ 361,220) (Revenue \$ 0)  |
| 4e   | Total program service expenses ▶ 1,807,811   |

1,807,811

Form 990 (2019)

| Part | Checklist of Required Schedules   |         | 18/53    |    |
|------|---|---------|----------|----|
|      |   | <i></i> | Yes      | No |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1       | 1        |    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2       | 1        |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3       |          | 1  |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4       | 1        |    |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5       |          | 1  |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6       |          | 1  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7       | 6.5      | /  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8       | 1        |    |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            | 9       |          | 1  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10      | 1        |    |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.  |         |          |    |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a     | 1        |    |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b     | 1        |    |
| C    | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c     |          | 1  |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d     |          | 1  |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e     |          | 1  |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f     |          | 1  |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a     | 1        |    |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b     |          | 1  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13      |          | 1  |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a     |          | 1  |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b     | <b>√</b> |    |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15      | ·        | 1  |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16      |          | 1  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17      |          | 1  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.   | 18      |          | 1  |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III   | 19      |          | 1  |
| 20a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a     |          | 1  |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .  | 20b     | N        | A  |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II   | 21      | 1        | ,  |

| Part I | V Checklist of Required Schedules (continued)  |   |      | -3- |
|--------|--|---|------|-----|
|        |  |   | Yes  | No  |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | 1    |     |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  | 23  |      | 1   |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a                                       |      | /   |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b                                       | N    | A   |
|        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c                                       | N    | 'A  |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d                                       | N.   | A   |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a                                       |      | 1   |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b                                       |      | 1   |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |      | 1   |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |      | 1   |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |   |      |     |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a                                       |      | 1   |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b                                       |      | 1   |
| C      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c                                       |      | 1   |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |      | 1   |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  | 1    |     |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |      | 1   |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |      | 1   |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |      | 1   |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  |      | 1   |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a                                       |      | 1   |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b                                       | N    | /A  |
| 36     | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |      | 1   |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |      | 1   |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38  | 1    |     |
| Part   |  |   |      | -   |
|        | Check if Schedule O contains a response or note to any line in this Part V   |   | Yes  | No  |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a  | (F) 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 |      |     |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1000                                      |      | ZE! |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and   | 1000                                      | 1000 |     |
|        | reportable gaming (gambling) winnings to prize winners?  | 1c  | 1    |     |

| Part ' | Statements Regarding Other IRS Filings and Tax Compliance (continued)  | 24.5     | 10 TO 2000 A   | w               |
|--------|--|----------|--|-----------------|
|        |  |          | Yes  | No              |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | (52)     | EVER!  | ESSON PROPERTY. |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2   | 提到       | 336  | 200             |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b       | 1  |                 |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          | 3000   | 1               |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |  | 1               |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .  | 3b       | 1  | A               |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |          |  |                 |
|        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       | 1  |                 |
| b      | If "Yes," enter the name of the foreign country ▶ Cayman Islands, East Asia and the Pacific  | TO THE   | 200  |                 |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |  | 1100            |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |  | 1               |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |  | 1               |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       | N  | A               |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a       |  | 1               |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |          |  | , ,             |
| _      | gifts were not tax deductible?   | 6b       | N  | A_              |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |          |  |                 |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | 0.00     |  | 605E            |
|        | and services provided to the payor?  | 7a       |  | 1               |
| þ      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | Α,   | (A              |
| C      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | _        |  |                 |
| -1     | required to file Form 8282?  | 7c       | MICHARDS.  | 1               |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | EVEN     | 100  | 1000            |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |  | 1               |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.  | 7f       |  | 1               |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |  | A               |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       | M  | A_              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 0        |  | /-              |
| 9      | sponsoring organization have excess business holdings at any time during the year?   | 8        | N  | P.              |
| а      | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  | On.      | - 1  | /-              |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9a<br>9b | ~!   | 7               |
| 10     | Section 501(c)(7) organizations. Enter:  | 90       | ~//  |                 |
| а      | the state of the s |          |  |                 |
| b      | Initiation fees and capital contributions included on Part VIII, line 12   |          |  | No.             |
| 11     | Section 501(c)(12) organizations. Enter:   |          |  |                 |
| а      | Gross income from members or shareholders  |          |  |                 |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |          |  | 50              |
| _      | against amounts due or received from them.)  |          |  | 373             |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      | N  | A               |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A  | DOM: NO  | 100000   |                 |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          | N. S.  |                 |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      | N  | TA              |
|        | Note: See the instructions for additional information the organization must report on Schedule O.  | 1        | Design to the last of the last | 200             |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which   |          |  |                 |
|        | the organization is licensed to issue qualified health plans   | 200      |  | Sec. 1          |
| C      | Enter the amount of reserves on hand   |          | 130/2  | 建設              |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |  | 1               |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.   | 14b      | N  | lA              |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 100      |  | 12              |
|        | excess parachute payment(s) during the year?   | 15       | ) ·  | 1               |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |          | 13-36  | TO SERVICE      |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       | ot - 10  | 1               |
|        | If "Yes," complete Form 4720, Schedule O.  | SPAN.    | 10000  | 1334            |

| Part  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI  | See in  | struc              | tions.     |
|-------|--|---------|--------------------|------------|
| Secti | on A. Governing Body and Management  | .50     |                    | · <u>v</u> |
|       |  |         | Yes                | No         |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year 1a 13  | 1888    |                    | BANK THE   |
|       | If there are material differences in voting rights among members of the governing body, or   |         |                    | 1993       |
|       | if the governing body delegated broad authority to an executive committee or similar   | 3523    |                    | Ser.       |
|       | committee, explain on Schedule O.  | 10000   | 359                | EST        |
| b     | Enter the number of voting members included on line 1a, above, who are independent . 1b 12   | 200     |                    | 6          |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   | 32.03   |                    |            |
|       | any other officer, director, trustee, or key employee?   | 2       |                    | 1          |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct  |         |                    |            |
|       | supervision of officers, directors, trustees, or key employees to a management company or other person? .  | 3       |                    | 1          |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |                    | 1          |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5       |                    | 1          |
| 6     | Did the organization have members or stockholders?   | 6       | <b>√</b>           |            |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |         |                    |            |
|       | one or more members of the governing body?   | 7a      | 1                  |            |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |         |                    |            |
| _     | stockholders, or persons other than the governing body?  | 7b      | 1                  |            |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during   | (A)     | 200                | 5593       |
| •     | the year by the following:   |         |                    | 1          |
| а     | The governing body?  | 8a      | 1                  | -          |
| b     | Each committee with authority to act on behalf of the governing body?  | 8b      | 7                  |            |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   | •••     | Ť                  |            |
|       | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9       | 1                  |            |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Rever   |         | ode.               | -          |
|       |  |         | Yes                | No         |
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 10a     |                    | 1          |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |         |                    |            |
| _     | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     | N                  | LA         |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | 1                  | /-         |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         | H)see              | isatt      |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | 1                  | 2000000    |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | 7                  |            |
|       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | 125     | <u> </u>           |            |
| ¢     | describe in Schedule O how this was done   | 12c     | <b> </b> ✓         |            |
| 13    | Did the organization have a written whistleblower policy?  | 13      | 7                  |            |
| 14    | Did the organization have a written winsteebower policy?   | 14      | 7                  |            |
|       |  | 2002000 | 65(0)5%            | 80,79550   |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 1       | HIE                | 200        |
| а     | The organization's CEO, Executive Director, or top management official   | 150     | 1                  | Sec. Se    |
|       |  | 15a     |                    | -          |
| Ь     | Other officers or key employees of the organization  | 15b     | estinos            | (Marie     |
| 40-   | ·  | PAR.    | Will the           |            |
| 16a   | The state of the s | 40-     | 100000             | 100000     |
|       | with a taxable entity during the year?   | 16a     | No. of Concession, | 1          |
| Ь     |  | 1000    |                    | - 300      |
|       | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  | 101     | Section.           | 7.         |
| Cast  | organization's exempt status with respect to such arrangements?  | 16b     | _4_                | LA_        |
|       | ion C. Disclosure  | DA 5:   |                    |            |
| 17    | List the states with which a copy of this Form 990 is required to be filed ► CA KY MA MI MN NJ NM NY OR  |         |                    |            |
| 18    | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  | T (Sec  | tion               | 501(c      |
|       | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |         |                    |            |
|       | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)   |         |                    |            |
| 19    | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of   | of inte | rest p             | oolicy     |
|       | and financial statements available to the public during the tax year.  |         |                    |            |
| 20    | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords   |                    |            |

Jimmy Barnes, President & CEO; 101 W. College Blvd.; Roswell, NM 88201; (575)624-8035

| _    |     |      |    |
|------|-----|------|----|
| Form | nan | /2D1 | O  |
| FULL | ออบ | 1201 | 3, |

| Part VII | Compensation of Officers, Dire | ectors, Trustees, Key Employees | s, Highest Compensated Employees, | and |
|----------|--------------------------------|---------------------------------|-----------------------------------|-----|
|          | Independent Contractors        |                                 |                                   |     |

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. |  |                                |                       |          |              |                                       |                |                          |                              |   |
|--|--|--------------------------------|-----------------------|----------|--------------|---------------------------------------|----------------|--------------------------|------------------------------|---|
|  |  |                                |                       |          | C)           |                                       |                |                          |                              |   |
| (A)  | (B)  | (do n                          | at at                 |          | ition        | e than c                              |                | (D)                      | (E)                          | (F)                                       |
| Name and title   | Average  |                                |                       |          |              | is both                               |                | Reportable               | Reportable                   | Estimated amount                          |
|  | hours<br>per week                                | _                              | er and                |          | irect        | or/trust                              | _              | compensation<br>from the | compensation<br>from related | of other compensation                     |
|  | (list any  | 일                              | l mg                  | Officer  | <b>₩</b>     | 휳뜵                                    | Former         | organization             | organizations                | from the                                  |
|  | hours for related                                | Individual to<br>or director   | <b> </b> ₹            | gđ.      | Key employee | Highest co                            | l et           | (W-2/1099-MISC)          | (W-2/1099-MISC)              | organization and<br>related organizations |
|  | organizations                                    | 호류                             | 1 m                   |          | §            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                |                          |                              | related organizations                     |
|  | dotted line)                                     | Individual trustee or director | Institutional trustee |          | 8            | <b>1</b>                              |                |                          |                              |   |
|  | 451164 111167                                    | ۰                              | 8                     |          |              | compensated<br>se                     |                |                          |                              |   |
| (1) Jesus Salazar Chairman   | <del>                                     </del> |                                | $\vdash$              |          |              | - 2                                   |                |                          |                              |   |
| 2521 Elfego Rd. NW; Albuquerque, NM 87107  | 5  | 1                              |                       | 1        |              |                                       |                | ٥                        | 0                            | 0   |
| (2) Kenneth Barbe Member   |  |                                |                       |          |              |                                       |                |                          | Ĭ                            |   |
| P.O. Box 2107; Roswell, NM 88202-2107  | 2  | 1                              |                       | ✓        |              |                                       | L              | . 0                      | o                            | o   |
| (3) Steve Elliott Secretary  |  |                                |                       |          |              |                                       | Γ              |                          |                              |   |
| P.O. Box 1328; Santa Fe NM, 87504  | 2  | 1                              |                       | 1        |              |                                       |                | 0                        | 0                            | О   |
| (4) Harris Kerr Treasurer  |  |                                |                       |          |              |                                       |                |                          |                              |   |
| 1701 N. "L" Street; Midland, TX 79705-3027   | 2  | 1                              |                       | ✓        |              |                                       |                | 0                        | 0                            | 0   |
| (5) Jimmy Barnes   |  |                                |                       |          |              |                                       |                |                          |                              |   |
| 101 W. College Blvd.; Roswell, NM 88201  | 40   | 1                              | $oxed{oxed}$          | ✓        |              | 1                                     | _              | 103,423                  | 0                            | 0   |
| (6) Kevin O. Butler Member   |  |                                |                       |          |              |                                       |                |                          |                              |   |
| P.O. Box 1171 Midland, TX 79702-1171   | 1  | 1                              | $oxed{oxed}$          | _        |              |                                       |                | 0                        | 0                            | 0   |
| (7) Brad Christmas, NMMI Regent  |  |                                |                       | Ì        |              |                                       |                |                          |                              |   |
| P.O. Box 173; Wagon Mound, NM 87752  | 1  | <b>✓</b>                       | ┡                     |          |              | 20                                    | _              | 0                        | 0                            | 0   |
| (8) Kim D. Greaves   |  |                                |                       |          |              |                                       |                |                          |                              |   |
| 1410 Post Oak Place; Westlake, TX 76262-9036   | 1  | <b>✓</b>                       | ┡                     | _        |              |                                       |                | 0                        | 0                            | 0   |
| (9) MG Jerry Grizzle NMMI President & Ex-Offici  |  |                                |                       |          |              |                                       |                |                          |                              |   |
| 101 W. College Blvd.; Roswell, NM 88201  | 1  | <b>✓</b>                       | ┡                     |          |              |                                       | <u> </u>       | 0                        | 0                            | 0   |
| (10) Earl A. "Tres" Latimer, III Member  | <b></b>  |                                |                       | ŀ        |              |                                       |                |                          |                              |   |
| 1908 W. 27th Street; Roswell, NM 88201   | 1  | <b>✓</b>                       | ┡                     |          | <u> </u>     | Ь.                                    | <u> </u>       | 0                        | 0                            | 0   |
| (11) Jesus R. Ramos Garza Member Gomez   |  | ١.                             |                       |          |              |                                       |                |                          |                              |   |
| Morin 909, Jardines de la Rivera, Jalisco, Mexico  | 11   | ✓                              | ┡                     |          |              |                                       | <b> </b> -     | 0                        | 0                            | 0   |
| (12) Frank X. Spencer, III   |  |                                |                       |          | l            |                                       |                |                          |                              |   |
| 6646 Paseo De Paz Lane; Anthony, NM 88021  | 1  | <b>/</b>                       | ⊢                     | _        | _            | <u> </u>                              | <del> </del> _ | 0                        | 0                            | 0   |
| (13) Barbara E. Trent, NMMI Regent   |  |                                |                       |          |              |                                       |                |                          |                              |   |
| 1200 Sierra Larga Drive; Albuquerque, NM 87112   | 1  | 1                              | $\vdash$              |          |              | <u> </u>                              | <del> </del>   | 0                        | 0                            | 0   |
| (14) Joe M. Vicente Member; NMMI Regent App  | 7  | ,                              |                       |          |              |                                       |                |                          |                              |   |
| P.O. Box 1138; Roswell, NM 88202-1138  | 1  | ✓                              |                       | <u> </u> |              |                                       | L              | <u> </u>                 | 0                            | 0   |

| Part        | VII Section A. Officers, Directors, 1        | Trustees,   | Key l  | Emj                   | plo      | yee                             | s, an  | d F                   | lighest Compe                         | nsated Emplo          | yees (continued  |
|-------------|--|---|--|-----------------------|----------|---------------------------------|--------|-----------------------|---------------------------------------|-----------------------|--|
|             |  |   |  |                       |          | C)                              |        |                       |                                       |                       |  |
|             | (A) (B)                                      |   |  |                       |          | ition                           |        |                       | (D)                                   | (E)                   | (F)  |
|             | Name and title                               | (do not check more than o<br>box, unless person is both |  |                       |          |                                 |        | Reportable            | Reportable                            | Estimated amount      |  |
|             |  | officer and a director/truste                           |  |                       |          |                                 |        | compensation from the | compensation<br>from related          | of other compensation |  |
|             |  | 악교  | 夏  | Officer               | €        | Highest compensated<br>employee | Former | organization          | organizations                         | from the              |  |
|             |  | hours for related                                       | Individual trustee or director                   | Institutional trustee | eg.      | 9                               | hest   | mer                   | (W-2/1099-MISC)                       | (W-2/1099-MISC)       | organization and   |
|             |  | organizations   | o ia   | 18                    |          | employee                        | 8 8    |                       |                                       |                       | related organizations  |
|             |  | below   | <u> </u>   | 를                     |          | 8                               | пре    |                       |                                       |                       |  |
|             |  | dotted line)  | 8  | Stee                  |          |                                 | nsat   |                       |                                       |                       |  |
| <del></del> |  |   |  | <u> </u>              |          | L                               | 8      |                       |                                       |                       | <u></u>  |
| (15)        |  |   |  |                       |          |                                 |        |                       | 1                                     |                       |  |
| 44.00       |  | <u> </u>  |  |                       | _        | _                               |        | <u> </u>              |                                       |                       |  |
| (16)        | 7**************************************      |   | ļ  | ļ                     |          | 1                               |        |                       |                                       |                       |  |
| (47)        | <del></del>                                  |   |  |                       |          |                                 |        | L                     |                                       |                       |  |
| (17)        | ??????????????????????????????????????       |   | ł  | 1                     |          |                                 |        |                       |                                       |                       |  |
| (4.0)       |  |   | ├  | ļ                     |          |                                 |        |                       |                                       |                       | ļ  |
| (18)        |  |   | -  |                       |          |                                 |        | 1                     |                                       |                       |  |
| (40)        |  |   | $\vdash$   | ├                     |          | <del> </del> —                  |        | $\vdash$              |                                       |                       |  |
| (19)        | ***************************************      |   |  | Ì                     |          |                                 |        |                       |                                       |                       |  |
| (20)        |  |   | _  | ┝                     | $\vdash$ | ⊢                               | -      | -                     | -                                     |                       | <u>.</u>   |
| (20)        | ***************************************      |   | -  |                       |          |                                 |        |                       |                                       |                       |  |
| (21)        |  | <del>                                     </del>        |  | ⊢                     |          | ⊢                               |        | -                     |                                       |                       |  |
| (21)        |  |   |  |                       |          |                                 |        |                       |                                       |                       |  |
| (22)        |  |   | -  | ├                     |          | ┢                               | -      | ┢                     |                                       |                       |  |
| 122/        | ***************************************      |   | 1  |                       | ľ        |                                 |        |                       |                                       |                       |  |
| (23)        |  |   |  | $\vdash$              |          | $\vdash$                        |        | ╌                     |                                       |                       | 1  |
| 320/        | ***************************************      |   | 1  |                       |          |                                 |        |                       |                                       |                       |  |
| (24)        |  |   | <del>                                     </del> | $\vdash$              | $\vdash$ | $\vdash$                        |        | ╁─                    |                                       |                       |  |
| 35-77       |  | <b>†</b>  |  |                       |          |                                 |        |                       |                                       |                       |  |
| (25)        | ·  | -   |  | $\vdash$              |          |                                 | -      | -                     |                                       |                       | <u> </u>   |
| 3=-9/       |  | <b>†</b>  | 1  |                       | ļ        |                                 |        |                       |                                       |                       |  |
| 1b          | Subtotal                                     |   | L  | ٠                     |          |                                 |        | ┢                     | 103,423                               | }                     | D  |
| C           | Total from continuation sheets to Part       |   |  | ·                     |          |                                 |        |                       | 103,423                               |                       | D C  |
| d           | Total (add lines 1b and 1c)                  |   |  |                       |          |                                 |        |                       | 103,423                               |                       |  |
| 2           | Total number of individuals (including but   | t not limited   | to th  | nose                  | list     | ted.                            | above  | a) w                  |                                       |                       |  |
|             | reportable compensation from the organ       |   |  |                       |          |                                 |        | ,                     | · · · · · · · · · · · · · · · · · · · |                       |  |
|             |  |   |  |                       |          |                                 |        |                       | •                                     |                       | Yes No   |
| 3           | Did the organization list any former         | officer, dire   | actor.   | tru                   | ste      | e. k                            | ev e   | mol                   | lovee, or highes                      | st compensate         | H STEEL STEEL STEEL  |
|             | employee on line 1a? If "Yes," complete      |   |  |                       |          |                                 |        |                       |                                       |                       | 3 1  |
| 4           | For any individual listed on line 1a, is the |   |  |                       |          |                                 |        |                       |                                       | neation from th       | DESCRIPTION OF THE PARTY OF THE |
| •           | organization and related organizations       | areater th  | an \$  | 150.                  | .000     | 7 1                             | f "Ye  | s."                   | complete Schei                        | dule J for suc        |  |
|             | individual                                   |   |  |                       |          |                                 |        |                       |                                       |                       | 4 1  |
| 5           | Did any person listed on line 1a receive of  |   |  |                       |          |                                 |        |                       |                                       | tion or individua     |  |
|             | for services rendered to the organization    |   |  |                       |          |                                 |        |                       |                                       |                       | 5 ✓  |
| Secti       | on B. Independent Contractors                |   |  |                       |          |                                 |        |                       |                                       |                       |  |
| 1           | Complete this table for your five high       | nest comp   | ensat  | ed                    | inde     | epe                             | ndent  | CC                    | ontractors that r                     | eceived more          | than \$100,000 o   |
|             | compensation from the organization. Rep      | ort compen  | satio  | n fo                  | r the    | e ca                            | lenda  | rye                   | ar ending with or                     | within the orga       | nization's tax year.   |
|             | (A)  |   |  |                       |          |                                 |        |                       | (B)                                   |                       | (C)  |
|             | Name and business add                        | iress   | 10 10  |                       |          |                                 |        | L                     | Description of serv                   | rices                 | Compensation   |
|             |  |   | 1481 -   |                       |          |                                 |        |                       |                                       | 1                     |  |
|             |  |   |  |                       | 0.00     |                                 |        |                       |                                       | 6                     |  |
| _           |  |   |  | 100                   |          |                                 |        | $\vdash$              |                                       |                       |  |
|             |  |   | 100 11   |                       |          | -                               |        |                       |                                       |                       |  |
| _           |  |   |  |                       |          | _                               |        |                       |                                       | -                     |  |
| 2           | Total number of independent contractor       |   |  |                       |          |                                 |        | ) th                  | ose listed abov                       | e) who                |  |
|             | received more than \$100,000 of compens      | ation from  | the or   | gan                   | izat     | ion                             |        |                       | 0                                     | (2) (4)               | XX CONTRACTOR  |

| Part   | VIII | Statement of Rev<br>Check if Schedule   |        |               | on on    | no or noto to on | triina in thia Da  |  |   | 1 290 0   |
|--|------|---|--------|---------------|----------|------------------|--|--|---|---|
|  |      | CHECK II SCHEUUIE                       | 0 60   | illains a re  | spon     | se or note to an | (A) Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue    | (D) Revenue excluded from tax under sections 512-514  |
| 2 2  | 1a   | Federated campaig                       | ns .   |               | 1a       |                  | TANK TO SELECT   | CRUS CALIFIE                           | CATAL AND DESCRIPTION                   | Service Control   |
|  | b    |   |        |               | 1b       |                  |  |  |   |   |
| اع ق   | С    | Fundraising events                      |        |               | 1c       |                  |  |  |   |   |
| T E  | d    | Related organization                    |        |               | 1d       |                  |  |  |   |   |
| <u>a</u>   | е    | Government grants                       | (cont  | ributions)    | 1e       |                  |  |  |   |   |
| Si ji  | f    | All other contribution                  | -      | •             |          |                  |  |  | 123                                     | 1978 4 700  |
| Contributions, Gifts, Grants and Other Similar Amounts |      | and similar amounts no                  |        |               | 1f       | 1,389,775        |  |  |   |   |
| 퉏취   | g    | Noncash contribution                    | ons in | cluded in     |          |                  |  |  |   |   |
| 토  |      | lines 1a-1f                             |        |               | 1g       | \$ 4,360         |  |  |   |   |
| Q g  | h    | Total. Add lines 1a-                    | -1f .  |               |          |                  | 1,389,775  |  |   |   |
|  |      | ****                                    |        |               |          | Business Code    | E E STATE OF THE S |  |   | 1000 To 1000  |
| <u>8</u>   | 2a   | Columbarium revenu                      | ie     |               | 3.7      | 90099            | 3,285  | 3,285                                  |   |   |
| او ڲ   | b    | *************************************** |        |               |          |                  |  | 2010/2010/1                            | ,                                       |   |
| 20 2   | С    |   |        |               |          |                  |  | 8.00                                   |   |   |
| gram Ser<br>Revenue                                    | d    | 744100000000000000000000000000000000000 |        |               |          |                  |  |  | CONTRACTOR OF                           |   |
| Program Service<br>Revenue                             | е    | *************************************** |        |               |          |                  |  |  |   |   |
| P.   | f f  | All other program se                    |        |               |          |                  | —5 r538973413  |  |   | - 5 UN W S  |
|  | g    | Total. Add lines 2a-                    | -2f .  |               |          |                  | 3,285  |  | TO ME SHOW THE SAME                     | AND DESCRIPTION   |
|  | 3    | Investment income                       |        |               |          |                  |  |  |   |   |
| 3  |      | other similar amoun                     |        | _             |          | ▶                | 646,714  |  |   | 646,714   |
|  | 4    | Income from investr                     | nent ( | of tax-exer   | npt bo   | nd proceeds ►    |  |  |   |   |
|  | 5    | Royalties                               |        |               |          | ▶                | 137  |  |   | 137   |
|  |      |   |        | (I) Rea       |          | (ii) Personal    |  | Carlo Al Hora Vil                      |   |   |
|  | 6a   | Gross rents                             | 6a     | 3             | 39,596   |                  |  |  |   |   |
|  | b    | Less: rental expenses                   | 6b     |               | 3.00,000 |                  |  |  |   |   |
|  | C    | Rental income or (loss)                 | 6c     | 3             | 39,596   |                  |  |  |   |   |
|  | d    | Net rental income o                     | r (los |               |          |                  | 339,596  |  |   | 339,596   |
|  | 7a   | Gross amount from                       |        | (i) Securi    | ties     | (II) Other       |  |  |   | N. 10 2 10 2 12   |
|  | '    | sales of assets                         |        |               |          |                  |  |  |   |   |
|  |      | other than inventory                    | 7a     | 5,2           | 70,272   |                  |  |  |   |   |
| 9  | ь    | Less: cost or other basis               |        |               |          |                  |  |  |   |   |
| Revenue  |      | and sales expenses .                    | 7b     | 4,6           | 75,890   |                  |  |  |   |   |
| e V  | С    | Gain or (loss)                          | 7c     | 5             | 94,382   |                  |  |  |   |   |
|  | d    | Net gain or (loss)                      |        |               | 17 172   | ▶                | 594,382  |  |   | 594,382   |
| Other  | 8a   | Gross income from                       | m fu   | Indraising    |          | ž.               |  | Section Control                        | San | Sales of the  |
| 0  |      | events (not including                   | \$     |               |          |                  |  |  |   |   |
|  |      | of contributions rep                    | porte  | d on line     |          |                  |  | 4500根据100                              |   |   |
|  |      | 1c). See Part IV, line                  | 18     |               | 8a       |                  | STATE OF THE STATE |  |   | 100   |
|  | b    | Less: direct expens                     |        |               | 8b       | 8                |  | STONE STATE OF                         |   |   |
|  | C    | Net income or (loss)                    | ) from | n fundraisir  | g eve    | nts ►            | n managari   |  |   |   |
| 1  | 9a   | Gross income t                          |        |               |          | 3                |  |  |   | 5   |
|  |      | activities. See Part I                  |        |               | 9a       |                  |  |  |   | POST OF THE PARTY |
|  | b    | Less: direct expens                     |        |               | 9b       | ,—— — <u>,</u>   | 17   |  | 100000000000000000000000000000000000000 |   |
|  | c    | Net income or (loss)                    | ) from | n gaming a    | ctivitie | es <b>&gt;</b>   |  |  |   | z -u  |
|  | 10a  | Gross sales of in                       |        | ory, less     |          |                  |  |  |   |   |
|  |      | returns and allowan                     |        |               | 10a      |                  | 17.5   |  |   | TO STATE OF   |
|  | b    | Less: cost of goods                     |        |               | 10b      |                  |  |  |   |   |
|  | С    | Net income or (loss)                    | ) from | n sales of it | nvento   | ry ▶             |  |  | and the state of the                    |   |
| S  |      |   |        |               |          | Business Code    | AND THE RESERVE  |  |   |   |
| Miscellaneous<br>Revenue                               | 11a  | Decrease in Cash Va                     | lue of | Life Insura   | nce      | 900099           | (9,099)  | (9,099)                                |   |   |
| scellaneo<br>Revenue                                   | b    | 4                                       |        |               |          |                  |  |  |   |   |
| € 8  | C    | **************************************  |        |               |          |                  |  |  |   |   |
| N S  | d    | All other revenue                       |        |               |          |                  | 13 -40 -   |  |   |   |
|  | 8    | Total. Add lines 11a                    |        |               |          |                  | (9,099)  |  |   |   |
|  | 12   | Total revenue, See                      | instr  | uctions       |          |                  | 2 964 790  | (5.814)                                |   | 1 590 920   |

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . Do not include amounts reported on lines 6b. 7b. (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses (A) Total expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,557,725 1,557,725 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 75,762 75,762 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . 113,889 113,889 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . . 55,360 55,360 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 23,206 23,206 Other employee benefits . . . . . . . 9 25,645 25,645 10 Payroll taxes . . . . . . . . . . . . 11,672 11,672 Fees for services (nonemployees): 11 Management . . . . . . . а Legal . . . . . . . . . . Accounting . . . . . . . . . . C 9,030 9.030 4,600 4,600 Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . 140,695 104,114 36,581 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 7,226 1,799 5,427 12 Advertising and promotion . . . . . 13 Office expenses . . . . . . . . . 9,544 9,544 Information technology . . . . . . . 14 3,041 3,041 15 Royalties . . . . . . . . . . . 16 Occupancy . . . . . . . . 540 540 17 190 190 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1.672 1,672 20 Payments to affiliates . . . . . . . 21 Depreciation, depletion, and amortization . 22 414 414 23 19,812 19,812 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Donor Life Insurance Program a 49,089 49,089 Property Taxes and Maintenance b 24,575 24,575 Staff and Faculty Support Ç 14,722 14,722 Columbarium Expense d 1,257 1,257 All other expenses Total functional expenses. Add lines 1 through 24e 2,149,666 1,807,811 336,428 5,427 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)

| Part X | Balance Sheet |
|--------|---------------|

| 2 Savings and temporary cash Investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from on ther disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b Less: accumulated depreciation 11 Investments — publicly traded securities 12 Investments — publicly traded securities 13 Investments — other securities. See Part IV, line 11 14 Intargible assets 15 Control assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Other liabilities including federal income tax, payables to related third parties. 27 Organizations that follow FASB ASC 958, check here ▶ □ 28 Total liabilities. Add lines 17 through 25 States or understrictions 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Catal and eassets or fund belances 33 Catal and eassets or fund belances 34 States or fund belances 35 States or fund belances 36 States or fund belances 36 States or fund belances 37  |                |       | Check if Schedule O contains a response or note to any line in this Par   | tx         |               | 🗀                 |
|---|----------------|-------|---|------------|---------------|-------------------|
| Pledges and grants receivable, net  Pledges and grants receivable, net  Coans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Notes and loans receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net  Notes and loans receivable, net  Prepaid expenses and deferred charges  Prepaid expenses and deferred charges  Notes and loans receivable from the disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net  Prepaid expenses and deferred charges  Notes and loans receivable, net  Notes and loans receivable, net  Prepaid expenses and deferred charges  Notes and loans receivable, net  Notes and loans receivable and persons (as defined under section 4958(c)(3)(B)  Notes and loans receivable net securities  Notes and loans receivable net securities net  |                |       |   | (A)        |               | (B)               |
| 2 Savings and temporary cash Investments  |                | 1     |   | 174,610    | 1             | 110,927           |
| A Accounts receivable, net  |                | 2     |   |            | 2             | 1,482,519         |
| 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 6  17 Notes and loans receivable, net 7  18 Inventories for sale or use 8  19 Prepaid expenses and deferred charges 8  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 17,218 3,314,948 10c 3,814,534 11 10b 11,218 3,314,948 10c 3,814,534 11 11 11 11 11 11 12  |                | 3     | Pledges and grants receivable, net  | 290,956    | 3             | 251,154           |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) .  7 Notes and loans receivable, het .  7 Notes and loans receivable, het .  17 Notes and loans receivable, het .  18 Inventories for sale or use .  9 Prepaid expenses and deferred charges .  10a Land, buildings, and equipment: cost or other basis, Complete Part V of Schedule D .  11 Investments — publicly traded securities .  12 Investments — publicly traded securities .  13 Investments — publicly traded securities .  14 Intangible assets .  15 Chre assets. See Part IV, line 11 .  16 Total assets. Add lines 1 through 15 (must equal line 33) .  17 Accounts payable and accrued expenses .  18 Grants payable .  19 Deferred revenue .  20 Tax-exempt bond liabilities .  21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .  22 Loans and other payable to unrelated third parties .  23 Secured mortgages and notes payable to unrelated third parties .  24 Unsecured notes and loans payable to unrelated third parties .  25 Other liabilities, including federal income tax, payables to related third parties .  26 Other liabilities (including federal income tax, payables to related third parties .  27 Total liabilities and tonor restrictions .  28 Part IV, line 15 Part IV of Scheck here I and complete lines 27, 29, 29, 24, and 33.  29 Paid-in or capital surplus, or land, building, or equipment fund .  30 Paid-in or capital surplus, or land, building, or equipment fund .  31 Retained earnings, endowment, accumulated income, or other funds .  32 Capital stock or trust principal, or current funds .  33 Total liabilities and labances .  34 4,778,613 33 Total liabilities and leassets/fund belances .  35 Total liabilities and leassets/fund belances .                 |                | 4     | Accounts receivable, net  | 4,443      | 4             | 6,428             |
| The Notes and loans receivable, net   The Notes and loans receivable to unrelated third parties   The Notes and loans payable to unrelated thir   |                | 5     | trustee, key employee, creator or founder, substantial contributor, or 35%  |            | 5             |                   |
| 7   Notes and loans receivable, net   7   8   Inventrories for sale or use   8   Inventrories for sale or use   9   Prepaid expenses and deferred charges   3,041   9   0   0   0   0   0   0   0   0   0   |                | 6     | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)       |            | 6             |                   |
| 8   Inventories for sale or use 9   Prepaid expenses and deferred charges   3,041   9   0   0   0   0   0   0   0   0   0   | 93             | 7     |   |            | _             |                   |
| 10a   | set            |       |   |            |               |                   |
| 10a   | As             |       |   | 2.041      |               |                   |
| b Less: accumulated depreciation 10b 17,218 3,814,948 10c 3,614,534 10c 17,218 10c 17,2 |                | T     | Land, buildings, and equipment: cost or other   | 3,041      |               |                   |
| 11   Investments—publicly traded securities   16,832,707   11   14,918,013   12   Investments—other securities. See Part IV, line 11   40,286,087   12   43,434,602   13   Investments—program-related. See Part IV, line 11   13   14   Intangible assets   14   15   Other assets. See Part IV, line 11   1,551,583   15   1,543,622   16   Total assets. Add lines 1 through 15 (must equal line 33)   64,313,896   16   65,561,538   17   Accounts payable and accrued expenses   408,373   17   2291,966   18   Grants payable   19   Deferred revenue   403,780   19   391,812   18   20   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22   23   Secured mortgages and notes payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties   24   25   26   27   20,079,846   27   28   28   377,82   28   377,82   28   377,82   38   38   38   38   38   38   38   |                | h     |   | 3 914 949  | 100           | 2014 524          |
| 12   Investments – other securities. See Part IV, line 11   40,286,087   12   43,434,600   13   Interpretation   13   Interpretation   14   Interpretation   15   Other assets. See Part IV, line 11   1,551,583   15   1,543,462   16   Total assets. See Part IV, line 11   1,551,583   15   1,543,462   16   Total assets. Add lines 1 through 15 (must equal line 33)   64,313,896   16   65,561,639   18   Grants payable and accrued expenses   408,373   17   291,966   18   Grants payable   403,780   19   391,812   20   Tax-exempt bond liabilities   20   Tax-exempt bond liability. Complete Part IV of Schedule D   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22   23   Secured mortgages and notes payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   25   Unsecured notes and loans payable to unrelated third parties   25   26   683,778   27   20,079,848   28   29   29   29   29   20,079,848   29   29   20,079,848   29   29   29   20,079,848   29   29   29   20,079,848   29   29   29   29   29   29   20,079,848   20   20   20   20   20   20   20   2  |                |       |   |            |               |                   |
| 13  |                |       |   |            | _             |                   |
| 14   Intangible assets   14   |                | 1     |   | 40,200,007 |               | 43,434,002        |
| 15 Other assets. See Part IV, line 11   1,543,462   16 Total assets. Add lines 1 through 15 (must equal line 33)   64,313,896   16   65,561,638   17   291,966   18   18   18   18   18   18   18   |                |       |   |            | _             |                   |
| 16   Total assets. Add lines 1 through 15 (must equal line 33)   64,313,896   16   65,561,638     17   Accounts payable and accrued expenses   408,373   17   291,966     18   Grants payable   18   18     19   Deferred revenue   403,780   19   391,812     20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   812,153   28   683,778     27   Net assets with donor restrictions   19,777,215   27   20,079,848     28   Net assets with donor restrictions   29   31     29   Capital stock or trust principal, or current funds   30     30   Paid-in or capital surplus, or land, building, or equipment fund   30     31   Retained earnings, endowment, accumulated income, or other funds   31     32   Total liabilities and net assets/fund balances   64,313,896   33   65,561,638     33   Total liabilities and net assets/fund balances   64,313,896   33   65,561,638     34   Fotal liabilities and net assets/fund balances   64,313,896   33   65,561,638     35   Total liabilities and net assets/fund balances   64,313,896   36   65,561,638     36   Fotal liabilities and net assets/fund balances   64,313,896   36     37   Total liabilities and net assets/fund balances   64,313,896   36   65,561,638     38   Total liabilities and net assets/fund balances   64,313,896   36   65,561,638     39   Total liabilities and net assets/fund balances   64,313,896   36   65,561,638    |                |       |   | 1 551 502  |               | 1 542 402         |
| 17  |                | l · - |   |            | $\overline{}$ |                   |
| 18   Grants payable   18   18   19   Deferred revenue   403,780   19   391,812   20   20   21   20   21   20   21   21  |                |       |   |            |               |                   |
| Tax-exempt bond liabilities.  Tax-exempt bond liabilities.  Escrow or custodial account liability. Complete Part IV of Schedule D.  Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  Secured mortgages and notes payable to unrelated third parties.  Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here ▶ ☑  and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here ▶ ☑  and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total liabilities and net assets/fund balances.  63,501,743  64,813,896  64,813,896  65,551,638  |                |       |   | 400,373    | -             | 231,800           |
| 20 Tax-exempt bond liabilities  |                |       |   | 403 790    |               | 201 912           |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |                |       |   | 403,760    | -             | 391,012           |
| Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  |                |       | -   |            | _             | 147               |
| Unsecured notes and loans payable to unrelated third parties  | bilities       | 22    | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%         |            |               |                   |
| 24 Unsecured notes and loans payable to unrelated third parties   | ᆵ              | 23    |   |            |               |                   |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   |                |       |   |            |               |                   |
| Total liabilities. Add lines 17 through 25  |                |       | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X |            |               |                   |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  |                | 26    |   | 012 152    | -             | 602 770           |
| 100 Total liabilities and fiel assets full deliances  | sacus          |       | Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.   | 812,133    | 20            | 683,778           |
| 100 Total liabilities and fiel assets full deliances  | <u>8</u>       | l     |   | 19,777,215 | 27            | 20,079,848        |
| 100 Total liabilities and fiel assets full deliances  | <b>P</b>       | 28    |   | 43,724,528 | 28            | 44,798,013        |
| 100 Total liabilities and fiel assets full deliances  | r Fu           |       | and complete lines 29 through 33.   |            |               | 4                 |
| 100 Total liabilities and fiel assets full deliances  | O <sub>S</sub> | 29    |   |            | 29            |                   |
| 100 Total liabilities and fiel assets full deliances  | set            |       |   | <u> </u>   | 30            | ST STEEL IS TO SE |
| 100 Total liabilities and fiel assets full deliances  | Aŝi            | l     | Retained earnings, endowment, accumulated income, or other funds  | 3          | 31            |                   |
| 100 Total liabilities and fiel assets full deliances  | t e            | I     |   | 63,501,743 | 32            | 64,877,861        |
|   | Z              | 33    | Total liabilities and net assets/fund balances  | 64,313,896 | 33            | 65,561,639        |

| c      | 000 | (2019 |   |
|--------|-----|-------|---|
| COIIII | 930 | 12018 | 1 |

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|      |   |       |              | ·90 ·-           |
|------|---|-------|--------------|------------------|
| Part |   |       |              |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                     |       |              |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   |       |              | 34,790           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  |       | 2,14         | 19,666           |
| 3    | Revenue less expenses. Subtract line 2 from line 1  |       | 8            | 15,124           |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4                     |       | 63,50        | 1,743            |
| 5    | Net unrealized gains (losses) on investments  |       | 56           | 0,994            |
| 6    | Donated services and use of facilities  |       |              |                  |
| 7    | Investment expenses   |       |              |                  |
| 8    | Prior period adjustments  |       |              |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  |       |              |                  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |       |              |                  |
|      | 33, column (B))   |       | 64,87        | 77,861           |
| Part | XII Financial Statements and Reporting  |       |              |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |       |              |                  |
|      |   |       | Yes          | No               |
| 1    | Accounting method used to prepare the Form 990:  Cash Accrual Other   | 10 m  | 200          | WEST !           |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |       | 363          |                  |
|      | Schedule O.   | B. E. | 3.7          |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 | 2a    |              | 1                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |       | 5/8          | 5000             |
|      | reviewed on a separate basis, consolidated basis, or both:  | 100   |              |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |       | TO PER       |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                              | 2b    | 1            |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |       | 1000         | Mari             |
|      | separate basis, consolidated basis, or both:  | 10000 | 1000         | 10.37            |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |       | 128/8        | No.              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or  |       | ١.           |                  |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant? .     | 2c    | 1            | Character Street |
|      | If the organization changed either its oversight process or selection process during the tax year, explain or   |       |              |                  |
| _    | Schedule O.   |       |              | E P              |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |       | .,           | 11               |
|      | Single Audit Act and OMB Circular A-133?  | 3a    | N            | $H_{\perp}$      |
| D    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |       |              | 4                |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.        | 3b    | N/           | 4                |
|      |   | For   | m <b>990</b> | (2019)           |

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for Instructions and the latest information.

20**19**Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

NMMI Foundation, Inc. 85-6010718 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/s% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type i. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,") . . . 708,565 691,119 724,540 2,700,853 1,389,775 6,214,852 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 4.000 4,000 4,000 4.000 4,000 20,000 Total. Add lines 1 through 3. . . . 712,565 695,119 728,540 2,704,853 1,393,775 6,234,852 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 2,298,511 Public support. Subtract line 5 from line 4 3,936,341 Section B. Total Support (a) 2015 Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 . . . . . . 712,565 695,119 728,540 2,704,853 1,393,775 6,234,852 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 941,202 986,447 925,280 773,812 737,756 4,364,497 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 107 117 244 20 Total support. Add lines 7 through 10 11 10,599,593 12 3,285 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 37.14 % 14 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/a% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

|       | le A (Form 990 or 990-EZ) 2019   |                      |                             |                        |                   |                      | Page <b>3</b> |
|-------|--|----------------------|-----------------------------|------------------------|-------------------|----------------------|---------------|
| Part  |  |                      |                             |                        |                   |                      |               |
|       | (Complete only if you checked th   | e box on line        | 10 of Part I                | or if the orga         | nization failed   | to qualify ur        | nder Part II. |
| Cook  | If the organization fails to qualify   | under the te         | sts listed belo             | ow, please co          | omplete Part      | l.) <u>/</u>         | V//fl         |
|       | on A. Public Support dar year (or fiscal year beginning in) ▶                                | (a) 001E             | #-\ 0016                    | (-) 0017               | (-1) 0040         | (-) 0040             | (0 T          |
| 1     | Gifts, grants, contributions, and membership fees  | (a) 2015             | <b>(b)</b> 2016             | (c) 2017               | (d) 2018          | (e) 2019             | (f) Total     |
| •     | received. (Do not include any "unusual grants.")   |                      |                             |                        |                   |                      |               |
| 2     | Gross receipts from admissions, merchandise  | <del></del> -        |                             | <del> </del>           |                   |                      |               |
|       | sold or services performed, or facilities furnished in any activity that is related to the   |                      |                             |                        |                   |                      |               |
|       | organization's tax-exempt purpose  |                      |                             |                        |                   |                      |               |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513 |                      |                             |                        |                   |                      |               |
| 4     | Tax revenues levied for the  |                      |                             |                        |                   |                      |               |
|       | organization's benefit and either paid to  |                      |                             |                        |                   |                      |               |
| _     | or expended on its behalf  |                      |                             |                        | ļ                 |                      |               |
| 5     | The value of services or facilities furnished by a governmental unit to the                  |                      |                             |                        |                   |                      |               |
|       | organization without charge  |                      |                             |                        |                   |                      |               |
| 6     | Total. Add lines 1 through 5   |                      |                             |                        |                   |                      |               |
| 7a    | Amounts included on lines 1, 2, and 3  |                      |                             |                        |                   |                      |               |
|       | received from disqualified persons .   |                      |                             |                        | ļ                 |                      |               |
| b     | Amounts included on lines 2 and 3  |                      |                             |                        |                   |                      |               |
|       | received from other than disqualified  |                      |                             |                        |                   |                      |               |
|       | persons that exceed the greater of \$5,000   |                      |                             |                        |                   |                      |               |
|       | or 1% of the amount on line 13 for the year  |                      |                             |                        | ļ                 |                      |               |
| C     | Add lines 7a and 7b  | CONTRACTOR SECURIOR  | Sanda American State of Co. | MOTORINA AND PROPERTY. |                   |                      | 1             |
| 8     | Public support. (Subtract line 7c from line 6.)  | <b>文学</b> 文学》        |                             |                        | 13500000          |                      |               |
| Secti | on B. Total Support  | <b>与中央中国国际的</b>      | Manual Comment              | RESERVE                | STATE OF STREET   | 10000                |               |
|       | dar year (or fiscal year beginning in)   | (a) 2015             | <b>(b)</b> 2016             | (c) 2017               | (d) 2018          | (e) 2019             | (f) Total     |
| 9     | Amounts from line 6  |                      | l                           |                        |                   |                      |               |
| 10a   | Gross income from interest, dividends,   |                      |                             |                        |                   |                      |               |
|       | payments received on securities loans, rents,  |                      |                             |                        |                   |                      |               |
|       | royalties, and income from similar sources .   |                      | ļ <del></del>               |                        |                   |                      |               |
| Ь     | Unrelated business taxable income (less section 511 taxes) from businesses                   |                      |                             |                        |                   |                      |               |
|       | acquired after June 30, 1975   |                      |                             |                        |                   |                      |               |
| c     | Add lines 10a and 10b  |                      |                             |                        |                   |                      |               |
| 11    | Net income from unrelated business   |                      |                             |                        |                   |                      |               |
|       | activities not included in line 10b, whether   |                      |                             |                        |                   |                      |               |
|       | or not the business is regularly carried on  |                      |                             |                        |                   |                      |               |
| 12    | Other income. Do not include gain or   |                      |                             |                        |                   |                      |               |
|       | loss from the sale of capital assets (Explain in Part VI.)                                   |                      |                             |                        |                   |                      |               |
| 13    | Total support. (Add lines 9, 10c, 11,  |                      |                             | <u> </u>               |                   |                      |               |
| 10    | and 12.)   |                      |                             |                        |                   |                      |               |
| 14    | First five years. If the Form 990 is for the   | ı<br>ne organizatior | n's first, secon            | ı<br>d. third. fourth  | ı, or fifth tax v | ∟<br>∋ar as a sectio | n 501(c)(3)   |
|       | organization, check this box and stop he   |                      |                             |                        | =                 |                      | ▶ 🗆           |
|       | on C. Computation of Public Suppor   | t Percentag          | е                           |                        | ***               |                      |               |
| 15    | Public support percentage for 2019 (line 8   |                      |                             |                        |                   | 15                   | %             |
| 16    | Public support percentage from 2018 Sch  | nedule A, Part       | III, line 15 .              |                        | <u> </u>          | 16                   | %             |
| 17    | on D. Computation of Investment In   |                      |                             | oviling 10 and         | .ma (6)           | 47                   | 6/            |
| 18    | Investment income percentage for 2019 (Investment income percentage from 2018)               |                      |                             |                        |                   | 17                   | <u>%</u><br>% |
| 19a   | 331/3% support tests—2019. If the organ  |                      |                             |                        |                   |                      |               |
|       | 17 is not more than 331/2%, check this box   |                      |                             |                        |                   |                      |               |
| b     |  |                      |                             |                        |                   |                      |               |

line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support o benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|              |          | Yes   | No       |
|--------------|----------|-------|----------|
| g<br>y       |          |       |          |
| s<br>d       | 1        |       |          |
| r            | 2        |       |          |
| d<br>e       | 3a       |       |          |
| 3)           | 3b       |       |          |
| lf           | 3c<br>4a |       | 3230 /   |
| n<br>n       |          |       |          |
| n<br>d'      | 4b       |       |          |
| "<br>N       | 4c       |       | 57 - TV  |
| n;<br>n      | 5a       |       |          |
| у            | 5b<br>5c | g gay |          |
| o<br>d<br>or |          |       |          |
| or<br>Sy     | 6        |       |          |
| ?            | 8        |       |          |
| e<br>d       | On.      |       |          |
| h            | 9a<br>9b |       |          |
| it           | 9c       |       |          |
| n<br>d       | 10a      |       |          |
| 0            | 10b      | 000 = | 7) 00:10 |
| m            | 990 or   | 990-E | Z) 2019  |

| Part             | IV Supporting Organizations (continued)  | 01932 |        | ugo   |
|------------------|--|-------|--------|-------|
|                  |  |       | Yes    | No    |
| 11               | Has the organization accepted a gift or contribution from any of the following persons?  |       | 500    |       |
| а                | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a   |        | 772   |
| b                | A family member of a person described in (a) above?  | 11b   | 20000  |       |
|                  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c   |        | -     |
| Secti            | ion B. Type I Supporting Organizations   |       |        | 1.001 |
|                  |  | v — ) | Yes    | No    |
| 1                | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |       |        |       |
| 2                | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  |       |        |       |
| <u> </u>         |  | 2     |        |       |
| Secti            | ion C. Type II Supporting Organizations  |       | · ·    |       |
| 1                | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1     | Yes    | No    |
| Sect             | ion D. All Type III Supporting Organizations   |       |        | -     |
|                  |  | _     | Yes    | No    |
| 1                | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1     |        |       |
| 2                | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2     |        |       |
| 3                | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3     |        |       |
| Sect             | ion E. Type III Functionally Integrated Supporting Organizations   |       |        |       |
| 1<br>a<br>b<br>c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.   |       | struci | ·     |
| а                | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part Vi identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a    |        | A.P.  |
| b                | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | 2b    |        |       |
| 3<br>a           | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | 3a    |        |       |
| b                |  | 3b    |        |       |

| Schedule A (Form 990 or 990-EZ) 201 | Schedule A | (Form | 990 or | 990-EZ | 2011 |
|-------------------------------------|------------|-------|--------|--------|------|
|-------------------------------------|------------|-------|--------|--------|------|

\_\_\_\_\_Page **6** 

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non |       |   | NIA                                     |
|--|-------|---|---|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying  | j tru | st on Nov. 20, 1970 (exp  | lain in Part VI). See                   |
| instructions. All other Type III non-functionally integrated supporting organ<br>Section A—Adjusted Net Income   | IIZai | (A) Prior Year  | (B) Current Year (optional)             |
| 1 Net short-term capital gain  | 1     |   | (optional)                              |
| 2 Recoveries of prior-year distributions   | 2     |   |   |
| 3 Other gross income (see instructions)  | 3     |   |   |
| 4 Add lines 1 through 3.   | 4     |   |   |
| 5 Depreciation and depletion   | 5     |   |   |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   | 6     |   |   |
| 7 Other expenses (see instructions)  | 7     |   |   |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8     |   |   |
| Section B—Minimum Asset Amount   |       | (A) Prior Year  | (B) Current Year (optional)             |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |       | **************************************  |   |
| a Average monthly value of securities  | 1a    |   |   |
| b Average monthly cash balances  | 1b    |   |   |
| c Fair market value of other non-exempt-use assets   | 10    |   |   |
| d Total (add lines 1a, 1b, and 1c)   | 1d    |   |   |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):   |       |   | * |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2     |   |   |
| 3 Subtract line 2 from line 1d.  | 3     |   |   |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4     |   |   |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5     |   |   |
| 6 Multiply line 5 by .035.   | 6     |   |   |
| 7 Recoveries of prior-year distributions   | 7     |   |   |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8     |   |   |
| Section C—Distributable Amount   |       |   | Current Year                            |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1     |   |   |
| 2 Enter 85% of line 1,   | 2     |   | 27                                      |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3     | CONTRACTOR OF THE PARTY OF THE |   |
| 4 Enter greater of line 2 or line 3.   | 4     | A CONTRACTOR OF A   | 902                                     |
| 5 Income tax imposed in prior year   | 5     |   |   |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6     |   |   |
| 7 Check here if the current year is the organization's first as a non-functional instructions).  | ly in | tegrated Type III support   | ing organization (see                   |

| Part           | Type III Non-Functionally Integrated 509(a)(3  | ) Supporting Organi  | zations (continuea)  |  |  |  |
|----------------|--|--|--|--|--|--|
| Secti          | on D—Distributions   | -peo   |  | Current Year   |  |  |
| 1              | Amounts paid to supported organizations to accomplish a  | exempt purposes  |  |  |  |  |
| 2              | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  |  |  |  |  |  |
|                |  |  |  |  |  |  |
|                | Administrative expenses paid to accomplish exempt purp   | nizations  |  |  |  |  |
| 4              | Amounts paid to acquire exempt-use assets  |  |  |  |  |  |
| 5              | Qualified set-aside amounts (prior IRS approval required)  |  |  |  |  |  |
| <u>6</u>       | Other distributions (describe in Part VI). See instructions.   |  |  |  |  |  |
|                | Total annual distributions. Add lines 1 through 6.   | <u> </u>   |  |  |  |  |
| 8              | Distributions to attentive supported organizations to which  |  |  |  |  |  |
|                | (provide details in Part VI). See instructions.  |  |  |  |  |  |
| 10             | Distributable amount for 2019 from Section C, line 6   |  |  |  |  |  |
| 10             | Line 8 amount divided by line 9 amount   |  | (II)   | gin  |  |  |
| Secti          | on E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019   | (iii)<br>Distributable<br>Amount for 2019  |  |  |
| _1_            | Distributable amount for 2019 from Section C, line 6   |  |  |  |  |  |
| 2              | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.  |  |  |  |  |  |
| 3              | Excess distributions carryover, if any, to 2019  |  |  |  |  |  |
| a              | From 2014  | CONTRACTOR OF THE PARTY OF THE  | THE PART OF THE PARTY OF THE PA |  |  |  |
| b              | From 2015  |  |  | MEDICAL PROPERTY.  |  |  |
| C              | From 2016  | SET SUPPLIES SERVICE   |  |  |  |  |
| d              | From 2017  |  |  |  |  |  |
| е              | From 2018  | THE RESERVE OF THE PARTY OF  |  |  |  |  |
| <u>f</u> _     | Total of lines 3a through e  | 1  | A STATE OF THE STA |  |  |  |
| 9              | Applied to underdistributions of prior years   |  |  |  |  |  |
|                | Applied to 2019 distributable amount   | THE PERSON NAMED IN  |  |  |  |  |
| <u> </u>       | Carryover from 2014 not applied (see instructions)   |  |  |  |  |  |
| <del>_</del> _ | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |  |  |  |  |
| 4              | Distributions for 2019 from Section D, line 7:   | 7  |  |  |  |  |
| a              | Applied to underdistributions of prior years   |  |  |  |  |  |
| b              | Applied to 2019 distributable amount   |  |  |  |  |  |
| c              | Remainder. Subtract lines 4a and 4b from 4.  | the state of the s |  |  |  |  |
| 5              | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions. |  |  |  |  |  |
| 6              | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                        |  |  | 10 755 450 451 450   |  |  |
| 7              | Excess distributions carryover to 2020. Add lines 3j and 4c.   |  |  |  |  |  |
| .8             | Breakdown of line 7:   |  |  |  |  |  |
| а              | Excess from 2015   |  |  |  |  |  |
| b              | Excess from 2016   |  | fact the same in   |  |  |  |
| С              | Excess from 2017   |  |  | The state of the s |  |  |
| d              | Excess from 2018   |  | A TAXABLE PARTY OF THE PARTY OF | Section 18 Annual Control  |  |  |
| 0              | Excess from 2019   |  | A THE LANGE OF THE PARTY OF THE | 1 5 5 h. 12 6 1.   |  |  |

| Part VI                                 | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---|---|
| Part II; Line                           | 10; Other Income  |
| 2015 - \$20                             | Miscellaneous   |
| 2016 - \$107                            | Miscellaneous   |
| 2017 - \$117                            | Miscellaneous   |
| 2018 - \$0                              |   |
| 2019 - \$0                              |   |
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

|   | undation, Inc.<br>ation type (check on       |  | 85-6010718  |  |
|---|--|--|---|--|
| Organiz   | ation type (check of                         | ы.   |   |  |
| Filers o  | f:   | Section:   |   |  |
| Form 990 or 990-EZ  |  |  |   |  |
|   |  | 4947(a)(1) nonexempt charitable trust not treated as a private for   | indation  |  |
|   |  | 527 political organization   |   |  |
| Form 990-PF   |  | ☐ 501(c)(3) exempt private foundation  |   |  |
|   |  | 4947(a)(1) nonexempt charitable trust treated as a private founda  | tion  |  |
| 501(c)(3) taxable private foundation  |  |  |   |  |
|   | nly a section 501(c)(7                       | covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule a   | and a Special Rule. See                                   |  |
| Genera  | l Rule                                       |  |   |  |
| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |  |  |   |  |
| Special   | Rules  |  |   |  |
| Ø   | regulations under se<br>13, 16a, or 16b, and | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 95 I that received from any one contributor, during the year, total contribution is the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line | 90 or 990-EZ), Part II, line itions of the greater of (1) |  |
|   | contributor, during t                        | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, total contributions of more than \$1,000 exclusively for religious part purposes, or for the prevention of cruelty to children or animals. Co   | ıs, charitable, scientific,                               |  |
| For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |  |  |   |  |
|   | n: An organization tha                       | at isn't covered by the General Rule and/or the Special Rules doesn't fi<br>u <b>st</b> answer "No" on Part IV, line 2, of its Form 990; or check the box of   | ile Schedule B (Form 990,                                 |  |

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Open to Public Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

| • Se     | ction 501(c) (other than section                            | on 501(c)(3)) organizations: Complete F   | arts I-A and C belov      | w. Do not comple                                | ete Part I-B.              |   |   |
|----------|---|---|---------------------------|---|----------------------------|---|---|
|          | ction 527 organizations: Com                                |   |                           |   |                            |   |   |
|          |   | ," on Form 990, Part IV, line 4, or For   |                           |   |                            |   |   |
|          |   | that have filed Form 5768 (election und   |                           |   |                            |   |   |
|          |   | that have NOT filed Form 5768 (electio  |                           |   |                            |   |   |
| If the c | organization answered "Yes<br>ee separate instructions), ti | s," on Form 990, Part IV, line 5 (Proxy<br>hen  | Tax) (see separate        | instructions) o                                 | r Form 990                 | -EZ, Part V, line 3   | 5c (Proxy                                   |
|          |   | anizations: Complete Part III.  |                           |   |                            |   |   |
|          | of organization   |   |                           | Em  | ployer iden                | itification number  | r   |
|          | oundation, Inc.   |   |                           |   |                            | 85-6010718  | 1/2   |
| Part     |   | e organization is exempt und  |                           |   |                            |   | N/A   |
| 1        | definition of "political car                                |   |                           |   | ies in Part                | : IV. (see instruc  | ctions for                                  |
| 2        |   | y expenditures (see instructions) .   |                           |   | ▶ \$                       | :<br>)<br>  |   |
| 3        | Volunteer hours for politic                                 | cal campaign activities (see instruc  | tions)                    |   |                            | <i>;;</i> .   |   |
| Part     |   | e organization is exempt und  |                           |   |                            | NIA   |   |
| 1        |   | excise tax incurred by the organiza   |                           |   |                            |   |   |
| 2<br>3   | _   | excise tax incurred by organization<br>ad a section 4955 tax, did it file For   | _                         |   |                            |   |   |
| 4a       | Was a correction made?                                      |   | •                         |   |                            | ∐Yes  | ∐ No<br>□ No                                |
| b        | If "Yes," describe in Part                                  |   | • • • • •                 |   |                            |   |   |
| Part     |   | e organization is exempt und  | er section 501(c          | c), except se                                   | ction 501                  | (c)(3). $\wedge$ //   | 4   |
| 1        |   | ly expended by the filing organiz   |                           |   |                            | (-1/-)-   | ,   |
| 2        |   | filing organization's funds contrib   | uted to other ord         | anizations for                                  | eaction                    |   |   |
| -        |   | vities  | -                         |   | _                          |   |   |
| 3        | -   | expenditures. Add lines 1 and 2.  |                           |   |                            |   |   |
|          | line 17b  |   |                           |   |                            |   |   |
| 4        | Did the filing organization                                 | n file Form 1120-POL for this year  | ?                         |   |                            | 🔲 Yes   | ☐ No  |
| 5        | organization made payme<br>the amount of political co       | ses and employer identification nur<br>ents. For each organization listed,<br>ontributions received that were pro-<br>fund or a political action committe | enter the amount property | paid from the f<br>delivered to a               | iling organi<br>separate p | ization's funds. <i>A</i><br>political organizat  | Also enter<br>ion, such                     |
|          | (a) Name  | (b) Address   | (c) EIN                   | (d) Amount p<br>filing organi<br>funds. If none | zation's                   | (e) Amount of p<br>contributions rece<br>promptly and d<br>delivered to a se<br>political organia<br>If none, enter | eived and<br>lirectly<br>eparate<br>zation. |
| (1)      |   |   |                           |   |                            |   |   |
| (2)      |   |   |                           |   |                            |   |   |
| (3)      |   | ***************************************   |                           |   |                            |   |   |
| (4)      |   |   |                           |   |                            |   |   |
| (5)      |   | ,   |                           |   |                            |   |   |
| (6)      |   |   |                           |   |                            |   |   |

| Schedule | С | (Form | 990 | ог | 990-EZ | 2019 |
|----------|---|-------|-----|----|--------|------|
|          |   |       |     |    |        |      |

| _  |    | • |
|----|----|---|
| Ря | CA |   |

| Pa | rt II-A  |          | Complete if the organization section 501(h)).                       | on is exempt       | under section 50   | 01(c)(3) and file | ed Form 5768 (ele                | ction under                    |
|----|--|----------|---|--------------------|--|-------------------|----------------------------------|--------------------------------|
| A  | Check  | <b>•</b> | if the filing organization below                                    | ngs to an affiliat | ed group (and list i   | n Part IV each af | filiated group memb              | er's name,                     |
| ь  | Charl  |          | address, EIN, expenses, and   |                    |  |                   |                                  |                                |
| ₽_ | CHECK  |          | 1/44  | bying Expendit     |  | ovisions apply.   | T                                |                                |
|    |  |          | (The term "expenditures" n  |                    |  | 1                 | (a) Filing organization's totals | (b) Affiliated<br>group totals |
| -  | a To   | tal lo   | obbying expenditures to influence                                   |                    |  |                   | -                                | 3.000                          |
|    |  |          | bbying expenditures to influence                                    |                    | 14   | -,                |                                  |                                |
|    |  |          | obbying expenditures (add lines                                     |                    |  |                   |                                  | A 2 4 1 - 4 1 1 1              |
|    |  |          | exempt purpose expenditures .                                       |                    |  |                   |                                  |                                |
|    |  |          | xempt purpose expenditures (ad                                      |                    |  |                   |                                  |                                |
|    |  |          | ng nontaxable amount. Enter   |                    |  |                   |                                  |                                |
|    |  | lumi     |   |                    |  | , 12.0.0          |                                  |                                |
|    | If t   | ne ar    | nount on line 1e, column (a) or (b) is                              | : The lobbying     | nontaxable amoun   | t is:             |                                  |                                |
|    |  |          | r \$500,000   |                    | nount on line 1e.  |                   |                                  |                                |
|    | Qve  | er \$5   | 00,000 but not over \$1,000,000                                     | \$100,000 plus     | 15% of the excess  | over \$500,000.   |                                  | ( ) ( ) ( ) ( ) ( )            |
|    | Ove  | er \$1   | ,000,000 but not over \$1,500,000                                   |                    | 10% of the excess  |                   |                                  |                                |
|    | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. |          |   |                    |  |                   |                                  |                                |
| _  | Ove  | er \$1   | 7,000,000   | \$1,000,000.       |  |                   |                                  |                                |
|    | g Gr   | assr     | oots nontaxable amount (enter 2                                     | 5% of line 1f)     |  |                   |                                  |                                |
|    |  |          | ct line 1g from line 1a. If zero or l                               |                    |  |                   |                                  |                                |
|    |  |          | ct line 1f from line 1c. If zero or le                              |                    |  |                   | 4500                             | - 72                           |
|    |  |          | e is an amount other than zero<br>ng section 4911 tax for this year | _                  | 1h or line 1i, did   | •                 |                                  | Yes No                         |
|    | (5   | Som      | e organizations that made a se                                      | ction 501(h) el    | Period Under Sec<br>ection do not have<br>ructions for lines | e to complete al  | ll of the five column            | s below.                       |
| _  |  |          | Lobbyin   | g Expenditures     | During 4-Year A  | veraging Period   |                                  |                                |
|    |  | Cale     | ndar year (or fiscal year<br>beginning in)                          | (a) 2016           | <b>(b)</b> 2017  | (c) 2018          | (d) 2019                         | (e) Total                      |
| 2  | 2a Lo  | bbyi     | ng nontaxable amount  |                    |  |                   |                                  |                                |
|    |  |          | ng ceiling amount<br>of line 2a, column (e))                        |                    |  |                   |                                  |                                |
|    | с То   | tal id   | obbying expenditures  |                    |  |                   |                                  |                                |
|    | <b>d</b> Gr  | assr     | oots nontaxable amount  |                    |  |                   |                                  |                                |
|    |  |          | oots ceiling amount<br>of line 2d, column (e))                      |                    |  |                   |                                  |                                |
|    | f Gr   | assr     | oots lobbying expenditures  |                    |  |                   |                                  |                                |

| For e   | (election under section 501(h)). each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed   | (4   | a)            | (  | b)             |           |
|---------|--|--|---------------|--|----------------|-----------|
|         | iption of the lobbying activity.   | Yes  | No            | Am   | ount           |           |
| 1       | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |  |               | 1  |                |           |
| а       | Volunteers?  |  | 1             |  |                |           |
| ь       | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | -  | 7             |  |                |           |
| C       | Media advertisements?  |  | 7             |  | L. Contraction | Older Co. |
| þ       | Mailings to members, legislators, or the public?   |  | 1             | -24ro-2555770  |                |           |
| е       | Publications, or published or broadcast statements?  |  | 1             |  |                |           |
| f       | Grants to other organizations for lobbying purposes?   | <b>✓</b>   |               | 1 22200325   |                | 4,600     |
| g       | Direct contact with legislators, their staffs, government officials, or a legislative body?  |  | 1             |  | 55-            |           |
| h       | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |  | $\checkmark$  |  |                |           |
| !       | Other activities?  | -  | <b>/</b>      |  |                |           |
| J       | Total. Add lines 1c through 1i   |  |               | HANDSON CONTRACTOR   | Contract of    | 4,600     |
| 2a      | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | - Contract   | /             |  |                | The said  |
| b       | If "Yes," enter the amount of any tax incurred under section 4912  | E STATE OF THE PARTY OF THE PAR |               |  |                | N/A       |
| ď       | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | 4/   | VA            | Mary Street, or other party of the last of | rotes.         | N/A       |
| Part    |  |  |               | ction  | 11/25/200      | / Paris K |
|         | 501(c)(6).   | /\_//  | J. J.         | JJ   | /A             |           |
|         |  |  |               | <u>r_</u> _ <del>`</del> ,   | Yes            | No        |
| 1       | Were substantially all (90% or more) dues received nondeductible by members?   |  |               | 1  |                |           |
| 2       | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |  |               | 2  |                |           |
| 3       | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |  | <u> </u>      |  |                |           |
| Part    | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."   | ;)(5),<br>R (b)  | or se<br>Part | ction<br>III-A, lir  |                | , is      |
| 1       | Dues, assessments and similar amounts from members   |  | 1             |  |                |           |
| 2       | Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).   | s of   |               |  |                |           |
| a       | Current year   |  | 2a            | S  |                |           |
| þ       | Carryover from last year   |  | 2b            | 73   | - 355          |           |
| Ç       | Total  | •  | 2c            | -  |                |           |
| 3<br>4  | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of                                |  | 3             | ×  |                |           |
| •       | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  |  | 4             |  |                |           |
| 5       | Taxable amount of lobbying and political expenditures (see instructions)   | _  | 5             |  |                |           |
| Par     |  |  |               |  |                |           |
| Provid  | le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro   | oup lis  | t); Par       | t II-A, lin  | es 1           | and       |
| 2 (see  | instructions); and Part II-B, line 1. Also, complete this part for any additional information.   |  |               |  |                |           |
| Part II | Line 1f - Grants to other organizations for lobbying purposes  |  |               |  |                |           |
|         |  |  |               |  |                |           |
| The Fo  | oundation provided funds to the 2020 G.O. Bonds for Higher Ed organization for the 2020 G.O. Bond cam  | paign.   |               |  |                |           |
|         |  |  |               |  |                |           |
|         | ***************************************  |  |               |  |                |           |
|         |  |  |               |  |                |           |
| ******  | ***************************************  |  | *******       |  |                |           |
|         | ***************************************  |  | *             |  |                |           |
|         |  |  |               |  |                |           |
|         |  |  |               |  |                |           |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

| 1       | Foundation, Inc.   |   |                | 85-6010        | 0718                 |
|---------|--|---|----------------|----------------|----------------------|
| Par     |  |   | s or Acco      |                | •                    |
|         | Complete if the organization answered "  |   |                | <u>N/A</u>     |                      |
|         | Total number of and of user  | (a) Donor advised funds                     | <b>(b)</b> Fu  | nds and ot     | her accounts         |
| 1       | Total number at end of year  |   |                |                |                      |
| 2       | Aggregate value of contributions to (during year) .  |   |                |                |                      |
| 3       | Aggregate value of grants from (during year)   |   |                |                |                      |
| 4       | Aggregate value at end of year   |   |                |                |                      |
| -5      | Did the organization inform all donors and donor   |   |                |                |                      |
|         | funds are the organization's property, subject to the  |   |                |                | ☐ Yes ☐ No           |
| 6       | Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit |   |                |                |                      |
|         |  | · · · · · · · · · · · · · · · · · · ·       | •              |                | ☐ Yes ☐ No           |
| Par     |  |   | • • • •        |                | <u> </u>             |
| 1 (4)   | Complete if the organization answered "  | Yes" on Form 990. Part IV. line 7.          | Α.             | //_            |                      |
| 1       | Purpose(s) of conservation easements held by the o   |   |                | <del>/7 </del> |                      |
| •       | ☐ Preservation of land for public use (for example, recre  |   | f a historical | ly import      | tant land area       |
|         | Protection of natural habitat  | ☐ Preservation of                           |                | -              |                      |
|         | ☐ Preservation of open space   |   |                |                |                      |
| 2       | Complete lines 2a through 2d if the organization he  | ld a qualified conservation contribution    | in the form    | of a con       | servation            |
|         | easement on the last day of the tax year.  |   |                |                | End of the Tax Year  |
| а       | Total number of conservation easements   |   | . 2a           |                |                      |
| b       | Total acreage restricted by conservation easements   | 3   | · · · · · · ·  |                |                      |
| C       | Number of conservation easements on a certified h  |   |                |                |                      |
| d       | Number of conservation easements included in (   | c) acquired after 7/25/06, and not o        | n a            |                |                      |
|         | historic structure listed in the National Register .   |   |                |                |                      |
| 3       | Number of conservation easements modified, trans   | sferred, released, extinguished, or term    | ninated by the | ne organ       | ization during the   |
|         | tax year ▶   | -   | -              | _              | _                    |
| 4       | Number of states where property subject to conser  |   |                |                |                      |
| 5       | Does the organization have a written policy reg  |   |                |                |                      |
|         | violations, and enforcement of the conservation eas  |   |                |                | Yes No               |
| 6       | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violations, and enforcing | conservatio    | n easeme       | ents during the year |
| _       |  |   |                |                |                      |
| 7       | Amount of expenses incurred in monitoring, inspectin   | g, handling of violations, and enforcing o  | conservation   | easeme         | nts during the year  |
|         | <b>\$</b>  |   |                |                |                      |
| 8       | Does each conservation easement reported on line   |   |                | 1)(4)(B)(i)    |                      |
| •       | and section 170(h)(4)(B)(ii)?  |   |                |                | ☐ Yes ☐ No           |
| 9       | In Part XIII, describe how the organization reports of   |   |                |                |                      |
|         | balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme   |   | inciai staten  | ients tha      | t describes the      |
| Par     |  |   | Athor Cimi     | lor Acc        | oto                  |
| I al    | Complete if the organization answered "  |   |                | iai M55        | 613.                 |
| 4-      |  |   |                | 11             |                      |
| 1a<br>\ | If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets  |   |                |                |                      |
| - 1     | service, provide in Part XIII the text of the footnote   |   |                |                | nerance or public    |
| b       | If the organization elected, as permitted under FAS  |   |                |                | na shaat works of    |
| •       | art, historical treasures, or other similar assets held  |   |                |                |                      |
|         | provide the following amounts relating to these item   |   |                |                | or public corrido,   |
|         | (i) Revenue included on Form 990, Part VIII, line 1  |   | •              | <b>\$</b>      | 4,360                |
|         | (ii) Assets included in Form 990, Part X   |   | >              | \$             | 54,360               |
| 2       | if the organization received or held works of art,   |   |                |                |                      |
|         | following amounts required to be reported under FA   |   |                |                | Annual Engage        |
| а       | Revenue included on Form 990, Part VIII, line 1 .  |   | >              | \$             | 0                    |
| b       | Assets included in Form 990, Part X  |   |                |                | 30,780               |

| Part    | Organizations Maintaining  | Collections of             | Art, Histo                                       | orical T                                     | reasures                | , or Ot            | her Similar As             | sets (continued)                       |
|---------|--|----------------------------|--|--|-------------------------|--------------------|----------------------------|--|
| 3       | Using the organization's acquisition, collection items (check all that apply): | accession, and ot          |  |  |                         |                    |                            |  |
| а       | ✓ Public exhibition  |                            | dГ   | ☐ Loan                                       | or exchang              | e progr            | am                         |  |
| b       | Scholarly research   |                            |  |  |                         |                    |                            |  |
| C       | ☐ Preservation for future generations  | 3                          |  |  |                         |                    |                            | ******                                 |
| 4       | Provide a description of the organiza XIII.                                    |                            | and explai                                       | n how ti                                     | hey further             | the org            | anization's exer           | npt purpose in Part                    |
| 5       | During the year, did the organization  | solicit or receive         | donations  | of art.                                      | historical tr           | reagures           | s or other simil:          | ar                                     |
| _       | assets to be sold to raise funds rather  | r than to be mainta        | ained as pa                                      | art of the                                   | organizati              | on's co            | llection?                  | Ü Yes ☑ No                             |
| Part    |  |                            | •  |  | •                       |                    |                            |  |
|         | Complete if the organization 990, Part X, line 21.                             |                            |  |  |                         |                    | NIA                        |  |
| 1a      | Is the organization an agent, trustee included on Form 990, Part X?            | , custodian or oth         | er interme                                       | ediary fo                                    | or contribut            | ions or            | other assets no            | ot                                     |
| b       | If "Yes," explain the arrangement in P   | art XIII and comple        | ete the foll                                     | lowing ta                                    | able:                   |                    |                            |  |
|         |  |                            |  |  |                         |                    | A                          | mount                                  |
| C       | Beginning balance  |                            |  |  |                         | 10                 |                            |  |
| d       | Additions during the year  |                            |  |  |                         | 1d                 |                            |  |
| 0       | Distributions during the year  |                            |  |  |                         | 1e                 |                            |  |
| f       | Ending balance   |                            |  |  |                         | 1f                 |                            |  |
| 2a      | Did the organization include an amou   |                            |  |  |                         |                    |                            |  |
|         | If "Yes," explain the arrangement in P   | art XIII. Check her        | e if the ex                                      | planatio                                     | n has been              | provide            | od on Part XIII .          | <u> </u>                               |
| Par     | Endowment Funds. Complete if the organization                                  | anauguarad (Wasi           | " F  | - 000 [                                      | Daniel IV Clina         | - 10               |                            |  |
|         | Complete ii the organization   | (a) Current year           | (b) Prior  |  | (c) Two year            |                    | (d) Three years bact       | k (e) Four years back                  |
| 1a      | Beginning of year balance  | 43,724,526                 | <del>-                                    </del> | <del></del>                                  |                         |                    |                            | 1 1                                    |
| b       | Contributions  | 1,389,778                  |  | ,726,072<br>,461,850                         | ľ                       | 600,718<br>724,540 |                            |  |
| c       | Net investment earnings, gains, and  | 1,303,110                  | -  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                         | 127,370            | 031,11                     | 9 050,305                              |
| •       | losses   | 1,227,952                  | 1  | ,950,993                                     | ۰,                      | 897,610            | 4,189,13                   | (728,327)                              |
| d       | Grants or scholarships   | (868,047)                  |  | 743,941)                                     |                         | 09,312)            | (715,419                   |  |
| е       | Other expenditures for facilities and  | (0.070)                    | <u> </u>   |  | ,                       | 00/012/            | (710,411                   | (071,717)                              |
| -       | programs   | (676,196)                  | ۱ ،  | 670,448)                                     | (7                      | 87,484)            | (767,80                    | 9) (668,430)                           |
| f       | Administrative expenses  |                            | ,  | ,  | \ <u>'</u>              | 21,121,            | 1,0,100                    | (000,100,                              |
| g       | End of year balance  | 44,798,013                 | 43   | ,724,526                                     | 34.                     | 726,072            | 32,600,71                  | 8 29,203,688                           |
| 2       | Provide the estimated percentage of  | the current year en        |  |  |                         |                    |                            | ······································ |
| а       | Board designated or quasi-endowme  | nt <b>&gt;</b>             | 0%   |  |                         |                    |                            |  |
| b       | Permanent endowment  | 61%                        |  |  |                         |                    |                            |  |
| C       | Term endowment ► 39 %  | ì                          |  |  |                         |                    |                            |  |
|         | The percentages on lines 2a, 2b, and   | •                          |  |  |                         |                    |                            |  |
| 3a      | Are there endowment funds not in th organization by:                           | e possession of the        | ne organiz                                       | ation tha                                    | at are held             | and ad             | ministered for th          | Yes No                                 |
|         | (i) Unrelated organizations  |                            |  |  |                         |                    |                            | 3a(i) ✓                                |
|         | (ii) Related organizations   |                            |  |  |                         |                    |                            | 3a(ii) ✓                               |
| b       | If "Yes" on line 3a(ii), are the related of                                    |                            |  |  |                         |                    |                            | 3b ///A                                |
| 4       | Describe in Part XIII the intended use   |                            | on's endo  | wment fo                                     | unds.                   |                    |                            | •                                      |
| Part    |  |                            |  |  |                         |                    | _                          |  |
|         | Complete if the organization   |                            |  |  |                         |                    |                            | Part X, line 10.                       |
|         | Description of property  | (a) Cost or ot<br>(investm |  |  | or other basis<br>ther) |                    | Accumulated<br>epreciation | (d) Book value                         |
| 1a      | Land   |                            | 3,620,437  |  |                         |                    | ASSESS OF THE              | 3,620,437                              |
| b       | Buildings  |                            | 193,165  |  |                         |                    |                            | 193,165                                |
| C       | Leasehold improvements   |                            |  |  |                         |                    |                            |  |
| d       | Equipment  | •                          |  |  | 18,150                  | li .               | 17,218                     | 932                                    |
| Total   | Other  | .                          | 20.5   |  | (D) (1)                 |                    |                            | <u> </u>                               |
| ı otal. | Add lines 1a through 1e. (Column (d) r   | πust equal rorm 9:         | 9υ, Part X,                                      | , column                                     | ו (ש), line 10 (ש) ו    | <i>JC.) .</i> .    | 🟲 📗                        | 3,814,534                              |

| Part VII        | Investments—Other Securities.   | <del></del>              |   |                                       |
|-----------------|---|--------------------------|---|---------------------------------------|
|                 | Complete if the organization answered "Yes" on For                        | m 990, Part IV, line     | e 11b. See Form 990   | ), Part X, line 12.                   |
|                 | (a) Description of security or category<br>(including name of security)   | (b) Book value           | (c) Method o<br>Cost or end-of-ye   |                                       |
| (1) Financial   | derivatives   |                          |   |                                       |
| (2) Closely h   | eld equity interests  |                          |   | TO BUILD IN A                         |
| (3) Other We    | llington Funds-Research Equity, Archipelago, Micro-Cap                    | 16,236,745               |   | 3707788                               |
| (A) GQG P       | trs, Kabouter, Indus, Newport Asia, Sheridan Sq-International             | 10,531,743               |   |                                       |
| (B) IR&M (      | Core Bond Fund II, LLC  | 3,818,673                |   |                                       |
|                 | on Kempner and RIDA - Absolute Return Funds                               | 2,723,169                |   |                                       |
| (D) Nut Tre     | ee and Farallon Capital - Absolute Return Funds                           | 3,080,557                |   |                                       |
|                 | ck Stable Fund  | 2,210,752                |   |                                       |
|                 | prings Capital Small Cap Fund   | 2,014,615                |   |                                       |
|                 | n, Golub, Davidson Kempner, Lexington-Private Capital Funds               | 2,818,348                |   |                                       |
| (H)             |   | 5224623                  |   |                                       |
|                 | mn (b) must equal Form 990, Part X, col. (B) line 12.) .                  | 43,434,602               | 11 July 2 5 18 8 18   | <b>经验,但是</b> 对这类的。                    |
| Part VIII       | Investments—Program Related.  | - 000 D - 1 B / P        | 44 0 5 000  |                                       |
|                 | Complete if the organization answered "Yes" on For                        |                          |   |                                       |
|                 | (a) Description of Investment   | (b) Book value           | (c) Method o<br>Cost or end-of-ye   |                                       |
| (4)             |   |                          | 0001 01 0110 01-70  | the mentor verso                      |
| (1)             |   |                          |   |                                       |
| (2)             |   |                          |   |                                       |
| (3)             |   |                          |   |                                       |
| (5)             |   |                          |   |                                       |
| (6)             |   |                          | S   | OTH THE PROPERTY INCH                 |
| (7)             |   |                          | 5 - 151/55  |                                       |
| (8)             |   |                          |   |                                       |
| (9)             | 200000000000000000000000000000000000000                                   |                          |   |                                       |
|                 | mn (b) must equal Form 990, Part X, col. (B) line 13.) .                  | 0                        | SHARK AT COLUMN TO SHARE  | Contracts of the second               |
| Part IX         | Other Assets.   | <u> </u>                 | CONTRACTOR |                                       |
|                 | Complete if the organization answered "Yes" on For                        | m 990. Part IV. line     | e 11d. See Form 990   | ). Part X. line 15.                   |
|                 | (a) Description   |                          |   | (b) Book value                        |
| (1) Sketchb     | ook - "Excerpts From My Sketchbook - 1944" by Peter Hurd                  |                          |   | 50,000                                |
|                 | er Hurd Sketches  |                          | 1   | 4,360                                 |
|                 | f Gilbert Cain Art  |                          |   | 30,780                                |
| (4) Benefici    | al Interest in Perpetual Trust with Albuquerque Community Fou             | ındation                 |   | 721,409                               |
|                 | rrender of Life Insurance Policies  |                          |   | 736,913                               |
| (6)             |   |                          |   | •                                     |
| (7)             |   |                          |   |                                       |
| (8)             |   |                          |   |                                       |
| (9)             |   |                          |   |                                       |
| Total. (Colu    | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. | <u> </u>                 | ▶   | 1,543,462                             |
|                 | Complete if the organization answered "Yes" on For line 25.               | m 990, Part IV, line     | e 11e or 11f. See Fo  | rm 990, Part X,                       |
| 1.              | (a) Description of liability  |                          |   | (b) Book value                        |
| (1) Federal in  | ncome taxes   |                          |   |                                       |
| (2)             |   |                          |   |                                       |
| (3)             |   |                          |   |                                       |
| (4)             |   |                          |   | · · · · · · · · · · · · · · · · · · · |
| (5)             |   |                          |   |                                       |
| (6)             |   |                          |   |                                       |
| (7)             |   |                          |   |                                       |
| (8)             |   |                          |   |                                       |
| (9)             |   |                          |   |                                       |
|                 | mn (b) must equal Form 990, Part X, col. (B) line 25.)                    |                          | ▶   | 0                                     |
| 2. Liability fo | r uncertain tax positions. In Part XIII, provide the text of the footn    | ote to the organization  | n's financial statements t  | hat reports the                       |
| organization'   | s liability for uncertain tax positions under FASB ASC 740. Check         | chere if the text of the | footnote has been prov  | ided in Part XIII . 🔲                 |

| Part    | Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99      |                   |                    | Return.  |   |
|---------|---|-------------------|--------------------|--|---|
| 1       | Total revenue, gains, and other support per audited financial statemer  |                   |                    | 1  | 3,392,089                               |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                   |                    | 100 63   | 3,392,069                               |
| а       | Net unrealized gains (losses) on investments  | .   2a            | 560,994            |  |   |
| b       | Donated services and use of facilities  |                   | 4,000              | STREET, STREET |   |
| C       | Recoveries of prior year grants   |                   |                    |  |   |
| d       | Other (Describe in Part XIII.)  |                   | 3,000              |  |   |
| 8       | Add lines 2a through 2d   |                   |                    | 2e   | 567,994                                 |
| 3       | Subtract line 2e from line 1  | . 30 . 30 .       |                    | 3  | 2,824,095                               |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                   | -                  |  | 2 1 2                                   |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b .  |                   | 140,695            | +  |   |
| b       | Other (Describe in Part XIII.)  |                   | 2301               |  |   |
| C       | Add lines 4a and 4b   |                   |                    | 4c   | 140,695                                 |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I   |                   |                    | 5  | 2,964,790                               |
| Part    |   |                   |                    | r Return.  |   |
| -       | Complete if the organization answered "Yes" on Form 99 Total expenses and losses per audited financial statements |                   |                    | 4  |   |
| 1<br>2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                   |                    | 1000000  | 2,015,971                               |
| a       | Donated services and use of facilities  | .   2a            | 4 000              |  |   |
| b       | Prior year adjustments  |                   | 4,000              |  |   |
| C       | Other losses  |                   |                    |  |   |
| d       | Other (Describe in Part XIII.)  |                   | 3.000              |  |   |
| -<br>e  | Add lines 2a through 2d   |                   | 3,000              | 2e   | 7,000                                   |
| 3       | Subtract line 2e from line 1  |                   |                    | 3  | 2,008,971                               |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 1 1               |                    | 33323  | 4004011                                 |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b .  | . 4a              | 140,695            |  |   |
| b       | Other (Describe in Part XIII.)  |                   |                    | 700  |   |
| C       | Add lines 4a and 4b   |                   |                    | 4c   | 140,695                                 |
| _ 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I   | , line 18.) .   . |                    | 5  | 2,149,666                               |
|         | XIII Supplemental Information.  | 1.50.001.001.001  |                    |  |   |
|         | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a                                   |                   |                    |  | e 4; Part X, line                       |
|         | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p  |                   |                    |  |   |
| Part II | ; Line 4 - The NMMI Foundation received a donation on December 22, 1999   | of a sketchboo    | k entitled "Excerp | ots  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| _       |   |                   |                    |  | _                                       |
| From    | My Sketchbook - 1944" by Peter Hurd. The sketchbook was appraised at \$   | 50,000. On July   | 18, 2019 the Fou   | ndation rec  | aived a                                 |
| donati  | ion of two Peter Hurd sketches valued at \$4,360. An original painting was o                                      | rested from on    | a of the ekstehee  | and is over  | nmetre                                  |
| uonau   | ion of two Feter Auru Sketches Valueu at \$4,500. An original painting was c                                      | reated from on    | e of the sketches  | anu is curr  | anda                                    |
| hangi   | ng in the War Department.   |                   |                    |  |   |
|         | <u></u>   |                   |                    |  |   |
| In acc  | ordance with the donor's wishes the sketchbook and sketches are displaye  | d in the NMMI     | Toles Learning Ce  | nter and ar  | e                                       |
|         |   |                   |                    |  |   |
| prope   | rly maintained, preserved and protected from fire, theft, vandalism and othe                                      | er elements.      |                    |  |   |
|         |   |                   |                    |  |   |
| Peter   | Hurd, a very prominent artist, was a Life Magazine war correspondent wher   | he did the ske    | tchbook.           |  |   |
|         |   |                   |                    |  |   |
| Acqui   | sition and display of the sketchbook and sketches furthers the Foundation   | s exempt purp     | ose of supporting  | the educati  | <u>onal</u>                             |
|         |   |                   |                    |  |   |
| missi   | on of NMMI,   |                   |                    |  |   |
|         |   |                   |                    |  |   |
|         |   | ·                 |                    |  |   |
| Dort 14 | Line 4. BIMAR Soundation and automate funds are invested in a second  | nuovida finanti   | al aumant 5-4 545  |  |   |
| rail V  | ; Line 4 - NMMI Foundation endowment funds are invested in perpetuity to  | provide ilnanci   | al support for NM  | MI   |   |
| projec  | ts and programs. Projects and programs include cadet scholarships, leaders  | ership center a   | ctivities,         |  |   |

| Schedule D (Form 990) 2019   | Page 5                                  |
|--|---|
| Part XIII Supplemental Information (continued)   |   |
| professorships and chairs, academic excellence programs, athletic programs and other programs that promote the | *************************************** |
| growth, welfare and maintenance of NMMI.   | ·                                       |
| ***************************************  | *************************************** |
| ***************************************  | *************************************** |
| Part XI; Line 2d Other - Amounts included on line 1 but not on Form 990, Part VIII, line 12:                   |   |
| Interfund transfer 3,000   |   |
| Total 3,000  | ******************************          |
| ***************************************  |   |
| Part XII; Line 2d Other - Amounts included on line 1 but not on Form 990, Part IX, line 25:                    |   |
| Interfund transfer 3,000   |   |
| Total 3,000  |   |
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#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047
2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

NMMI Foundation, Inc.

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

|          | Form 990, Part IV, line  | 140.                                      |  |  |   |   |
|----------|--|---|--|--|---|---|
| 1        | For grantmakers. Does the other assistance, the grante award the grants or assistant | es' eligibility                           | n maintain rec   | cords to substantiate the assor assistance, and the  | amount of its grants and selection criteria used to   | ☐ Yes ☐ No  |
| 2        | For grantmakers. Describe outside the United States.                                 | in Part V the                             | organization'  | 's procedures for monitorin  | ng the use of its grants and  | fother assistance   |
| 3        | Activities per Region. (The fo   | llowing Part                              | I, line 3 table o  | an be duplicated if addition   | nal space is needed.)   |   |
|          | (a) Region   | (b) Number<br>of offices in<br>the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the<br>region (by type) (such as,<br>fundraising, program services,<br>investments, grants to recipients<br>located in the region)   | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in the region | (f) Total<br>expenditures for<br>and investments<br>in the region |
| (1)      | Central America/Caribbean  | N/A                                       | N/A  | levestments  | N/A   | 16,408,364  |
| (-/ (    | zentral America/Cambbean   | NI/A                                      | IN/A   | Investments  | INIA  | 16,408,354  |
| (2)      | East Asia and the Pacific  | N/A                                       | N/A  | Investments  | N/A   | 4,385,157   |
| (3)      |  |   |  |  |   |   |
| (4)      |  |   |  |  |   |   |
| (5)      |  |   |  |  |   |   |
| (6)      |  |   | *****  |  |   |   |
| (7)      |  |   |  |  |   |   |
| (8)      | ····   |   |  |  |   |   |
| (9)      | ***  |   |  |  |   |   |
| (10)     |  |   |  |  |   |   |
| (11)     | 50,-1.5000.  |   |  |  |   |   |
| (12)     |  |   |  |  |   | N.  |
| (13)     | - material   |   |  |  |   |   |
| (14)     |  |   |  |  |   |   |
| (15)     |  |   |  |  |   |   |
| (16)     |  |   |  |  |   |   |
| (17)     |  |   |  | esto years and a   |   |   |
| За       | Subtotal   |   |  |  |   | 20,793,521  |
| b        | Total from continuation sheets to Part I   |   |  |  |   |   |
| <u> </u> | Totals (add lines 3a and 3b)   |   |  | A CONTRACTOR OF THE PARTY OF TH |   | 20,793,521  |

Schedule F (Form 990) 2019

|   | section and EIN<br>(if applicable)   | (c) region | (d) Purpose of<br>grant | (e) Amount of<br>cash grant | (1) Manner or cash disbursement | (g) Amount of noncash assistance | (n) Description<br>of noncash assistance | (t) method of valuation (book, FMV, |
|---|--|------------|-------------------------|-----------------------------|---------------------------------|----------------------------------|--|-------------------------------------|
|   |  |            |                         |                             |                                 |                                  |  | appraisal, other)                   |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            | 100 EN EN               |                             |                                 |                                  | 30                                       |                                     |
|   |  |            |                         |                             | 30.77                           |                                  |  | 20                                  |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  | 2000                                     |                                     |
| 4 |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   | e de la constante de la consta |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             |                                 |                                  |  |                                     |
|   |  |            |                         |                             | ñ                               |                                  |  |                                     |

Page 3

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.  $\lambda//A$ Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ Ø € (3) <u>S</u> 9 ε 8 6) 9 (E) (12) (13) **⊕** (15)(16) (17) (18)

| Schedule | E | (Form | gan\ | 2010 |
|----------|---|-------|------|------|
| acnedule | г | trom  | 330) | 2019 |

| Part l | V Foreign Forms   |       |      |
|--------|---|-------|------|
| 1      | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | ☐ Yes | √ No |
| 2      | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | ☐ Yes | ☑ No |
| 3      | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  | ☐ Yes | ☑ No |
| 4      | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | ☐ Yes | ✓ No |
| 5      | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | ✓ Yes | □ No |
| 6      | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  | Yes   | ☑ No |

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Partl

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number 85-6010718 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance NMMI Foundation, Inc. Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, NMMI Cadet Scholarships nstitutional Advancement Alumni Relations Support Recruiting & Admissions Leadership Center Ops (h) Purpose of grant or assistance Faculty/Staff Support Academic Programs Chaplain Programs Athletic Programs Cadet Activities ✓ Yes . . . . . . . . . . . . (g) Description of noncash assistance • Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (e) Amount of non-(book, FMV, appraisal, cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 82,546 39,300 22,351 19,471 9,600 247,270 156,950 11,269 (d) Amount of cash 100,921 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? NMMI MMN MMN NMM NMMI MMN 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 (<u>6</u>) 1 (a) Name and address of organization New Mexico Military Institute 2) New Mexico Military Institute (3) New Mexico Military Institute (5) New Mexico Military Institute (6) New Mexico Military Institute (7) New Mexico Military Institute (8) New Mexico Military Institute (4) New Mexico Military Institute (9) New Mexico Military Institute (10) New Mexico Military Institute Roswell, NM 88201 Roswell, NM 88201

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2019)

Part III

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

|         | rari ili cali de duplicated il additional space is riected.   | space is lieeder         |                          |                                  |   |                                       |
|---------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
|         | (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Facul | 1 Faculty Professorships and Chairs   | <b>G</b>                 | 56,100                   |                                  |   |                                       |
| 2 Trave | 2 Travel Funds for Hawaiian Cadets  | 16                       | 8,000                    |                                  |   | ;                                     |
| 3 Cade  | 3 Cadet and Staff Awards and Sabers   | 28                       | 11,662                   |                                  |   |                                       |
| 4       |   |                          |                          |                                  |   |                                       |
| 5       |   |                          |                          |                                  |   |                                       |
| 9       | ű.  |                          |                          |                                  |   |                                       |
| 7       |   |                          |                          |                                  |   |                                       |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | the information re       | equired in Part I, line  | e 2; Part III, column            | (b); and any other additive                           | onal information.                     |

are made on an expenditure driven basis. The Foundation is billed by NIMINI for reimbursement of expenses in Part II that were previously paid or credited by NIMINI in accordance Part I; Line 2 - Payments to NMMI, a New Mexico state educational institution, to provide scholarship funding, Leadership Center programs and other uses listed in Part II, Line 1, with its policies and procedures. The Foundation receives copies of invoices and other supporting documentation prior to reimbursing NMMI for the expenses. NMMI monitors compliance of the programs in Part II, Line 1.

donor criteria and NMMI policies as monitored by the NMMI Scholarship Committee. The NMMI Office of Financial Aid monitors the recipients eligibility throughout the year. The Foundation disburses scholarship funds directly to NMMI upon receiving a billing at the end of each semester. Scholarship funds are awarded in accordance with Faculty Professorships and Chairs are awarded based on donor criteria and NMMI guidelines. Awards are made to selected recipients meeting the donor criteria and NMMI policies. The Academic Dean monitors compliance with the established criteria. Travel funds for Hawaiian cadets are provided from earnings on a specific donor endowment. The NIMMI Office of Financial Aid determines qualifying cadets and monitors compliance. Cadet and Staff Awards and Sabers are provided by donor gifts and earnings on specific donor endowments. The NMMI Academic Dean and Commandant of Cadets determine qualifying cadets and staff and monitor compliance.

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Employer identification number** 

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

NMMI Foundation, Inc. 85-6010718 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art-Works of art . . . . 4.360 Auction price 2 Art—Historical treasures . Art-Fractional interests . . . 3 Books and publications . . . 5 Clothing and household goods . . . . . . . . . 6 Cars and other vehicles . . . 7 Boats and planes . . . . . Intellectual property . . . . 8 9 Securities - Publicly traded . . 10 Securities - Closely held stock . Securities - Partnership, LLC, 11 or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution - Historic structures . . . . . . 14 Qualified conservation contribution - Other . Real estate-Residential . . . 15 Real estate - Commercial . . 16 Real estate-Other . . . . . 17 18 Collectibles . . . . . . . 19 Food inventory . . . . . . Drugs and medical supplies . . 20 21 Taxidermy . . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 Other ► (\_\_\_\_\_) 26 Other ► (\_\_\_\_) 27 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for Yes No 30a During the year, did the organization receive by contribution any property reported in Part 1, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

NMMI Foundation, Inc. 85-6010718 Part III; Line 4d - Other program services support was used for NMMI cadet activities, athletic equipment and supplies, institutional advancement, faculty and staff programs, recruiting and admissions programs, alumni relations support and chaptain programs. Part VI: Governance, Management and Disclosure Line 6: The Foundation has members, but not stockholders. Any person making an annual donation of at least \$500 shall be deemed to have met all requirements necessary for membership that year. Any person making a donation of \$5,000 or more shall be considered a life member and no further donation is necessary. The Chairman or CEO may, at their discretion, invite individuals to become members without payment. There are no membership fees charged. Line 7a: The members (referred to above) elect the rotating members of the Board of Trustees. Each member is entitled to one vote. The rotating members of the Board of Trustees are elected at the Annual Meeting of the members. Line 7b: The decisions of the governing body are decided by a majority vote of those Board of Trustees present at all meetings of the Board of Trustees. The Foundation's Executive Committee, made up of five members of the Board of Trustees that includes its CEO, is authorized to act for and on behalf of the Board of Trustees in exercising the Board's authority with respect to all matters affecting the organization, except for: (1) amending, altering or repealing the By-Laws and Articles of Incorporation, (2) appointing, electing or removing any member of any committee or any director or officer, (3) authorizing the sale, lease exchange or mortgage of all or substantially all assets of the Foundation, (4) adopting a plan of merger or consolidation with another corporation and (5) authorizing the voluntary dissolution of the corporation or revoking proceedings therefore, or adopting a plan for the distribution of the assets of the Foundation. Line 9: A complete listing of the Board of Trustees with their respective mailing addresses is listed on Form 990; Part VII; Section A. Line 11a: The final Form 990, including required schedules and other attachments, was provided to all members of the Board of Trustees for review and comment prior to filing with the Internal Revenue Service. Additionally, the Chairman of the Board of Trustees and President & CEO reviewed and discussed the final Form 990, including required schedules and other attachments, prior to filing with the Internal Revenue Service.

| NAME Foundation  NAME Foundation, Inc.  Employer identification number 85-6010718  Line 12c: Each member of the the Board of Trustees and all employees of the Foundation are required to disclose annually in writing any interests that could give rise to conflicts of interest as well as abide by the Foundation Conflict of Interest Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of Trustees, that member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is disclosed or arises during the year, the Board of Trustees will review the situation and then determine the proper action for the Foundation.  The President & CEO and at least one other Board Member review all disbursements of the Foundation. Financial statements, budget and investment information are provided to the Executive Committee monthly for review.  Line 15: The four independent members of the Executive Committee of the Foundation annually review the salaries and benefits of the Foundation employees, which are the (1) President & CEO and (2) Administrative Specialist. |
|--|
| Line 12c: Each member of the the Board of Trustees and all employees of the Foundation are required to disclose annually in writing any interests that could give rise to conflicts of interest as well as abide by the Foundation Conflict of Interest  Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of Trustees, that  member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is disclosed or arises  during the year, the Board of Trustees will review the situation and then determine the proper action for the Foundation.  The President & CEO and at least one other Board Member review all disbursements of the Foundation. Financial  statements, budget and investment information are provided to the Executive Committee monthly for review.  Line 15: The four independent members of the Executive Committee of the Foundation annually review the salaries and   |
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|  |
|  |
| benefits of the Foundation employees, which are the (1) President & CEO and (2) Administrative Specialist.   |
|  |
| Upon review of historical and comparable data, the Executive Committee sets the salaries for the upcoming fiscal year.   |
| The entire Board of Trustees approves these salaries and benefits in conjunction with approving the annual budget.   |
|  |
| Line 19: The following documents are available at the Foundation's website at: www.nmmi.edu/foundation   |
| 1. Current audited financial statements  |
| Complete Form 990, schedules and attachments for the most current three fiscal years   |
| 3. Articles of Incorporation and By-Laws   |
| 4. Conflict of Interest Policy   |
| The above documents are also available upon request.   |
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